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ABSTRACT

The annual report discusses the FY 1979 administration of the Rehabilitation Act of 1973. Covered are five aspects (sample subtopics in parentheses): program operations (basic vocational rehabilitation program, services to the blind and visually handicapped, rehabilitation for American Indians): program development activities (special projects for the severely disabled, handicapped migratory and seasonal farm workers, special recreation programs, independent living rehabilitation): National Institute of Handicapped Research (rehabilitation engineering program, rehabilitation research and training centers): advocacy and coordination activities (interagency liaison, the White House Conference on Handicapped Individuals, and the Office for Handicapped Individuals): and Title V of the Rehabilitation Act (requirements for nondiscrimination, Architectural and Transportation Compliance Board, and the Interagency Coordinating Council). (CL)

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ANNUAL REPORT
# of the
Rehabilitation Services Administration to the President and the Congress on Federal Activities Related to the Administration of the Rehabilitation Act of 1973, as amended

FISCAL YEAR 1979

U.S. DEPARTMENT OF EDUCATION

Office of Special Education and Rehabilitative Services
Rehabilitation Services Administration

EC132409

EXECUTIVE SUMMARY

This report to the President and to the Congress, submitted as required by Section 13 of the Rehabilitation Act of 1973, as amended, describes program activities under the Act from October 1, 1978, through September 30, 1979.

In 1978, the latest Amendment to the Act was passed (Public Law 95-602) and included a number of new provisions such as the comprehensive services for Independent Living; a National Institute on Handicapped Research; reader services for blind persons and interpreter services for deaf persons; improved capacity to serve American Indians and other initiatives designed to assist the severely disabled in their habilitation and rehabilitation.

The Report emphasizes the efforts for the more efficient use of limited resources because of the potential numbers of individuals who require services, especially in light of new initiatives mentioned above.

The prime agency for carrying out the Act, the Rehabilitation Services Administration consists of the following five major offices: Policy Management, Advocacy and Coordination, Program Operations, Program Development, and Administrative Support, permitting a single agency focus for a number of Federal programs serving people with disabilities.

PROGRAM OPERATIONS

Basic Vocational Rehabilitation Program

The Rehabilitation Act of 1973, as amended, authorizes the allocation of Federal funds on a formula basis with a 20 percent State fund matching requirement (80 percent Federal/20 percent State) for the administration of a program of wide-ranging services to assist handicapped individuals to prepare for and engage in gainful occupations. The emphasis is on providing services to individuals with the most severe handicaps. The Federal share of the basic State grant increased to $817,484,000 in FY 1979 from the $760,472,000 allocated for FY 1978.

Caseload Activity in State VR Agencies

A summary of caseload activities in VR agencies for FY 1979 is characterized by the following:

1. The continuing decline in the total number of persons applying for and becoming clients of State VR agencies;

2. The fourth decrease in the last five years in the number of persons rehabilitated; and

3. The continuing increase in the number and proportion of severely disabled persons among the total caseload, with some indication that the influx of those with severe disabilities is tapering off.

A continued rise in the severely disabled caseload was noted both in numbers and proportion to the non-severe cases, e.g. the number of active cases served that were severely disabled rose to 612,000, a gain of two percent from the previous year.

The economic impact on clients rehabilitated in FY 1978 was dramatic. For example, at referral, earnings of all clients averaged only $17.27 per week ($12.90 for severely disabled and $21.30 for non-severely disabled clients). At closure, the average weekly earnings for all clients was $109.11 ($97.00 for severely disabled and $120.00 for non-severely disabled persons).

Services to the Blind and Visually Handicapped

There were eight projects in operation during FY 1979 giving services to over 1,500 older blind individuals as authorized under Section 304 of the Act. In addition over 400 of these individuals were closed as rehabilitated. In cooperation with the NIHR, the Bureau was successful in establishing the first R & T Center on blindness which is located at the University of North Carolina.

During FY 1979, 181 deaf-blind trainees were served by the headquarters staff of the Helen Keller National Center for Deaf-Blind Youths and Adults. A total of 585 trainees were served by the eight regional representatives and the main facility at Sands Point, New York.

Randolph-Sheppard Vending Facility Program

The purpose of the Randolph-Sheppard Act is to provide qualified blind persons the opportunity to operate vending facilities on Federal and other property. More than 400 blind persons enter this program each year and historically their earnings have increased each year. Projected FY 1979 data indicates that total gross income from this program will be around $223,100,000, with the average yearly earnings of vendors at $12,790 compared to $12,137 in FY 1978.

SSDI and SSI Vocational Rehabilitation Programs

Sections 222 and 1615 of the Social Security Act provide for the payment from special Federal funds of costs of vocational rehabilitation services to disability and supplemental security income beneficiaries.

The expenditures increased for these programs as follows:

	FY 1978	FY 1979
SSDI	$97,872,000	$103,744,000
SSI	$52,299,000	$ 55,461,000

The average weekly earnings of SSDI beneficiaries meeting special selection criteria surpassed those of severely disabled clients served by the basic program ($115.70 vs. $97.00). SSI recipients, who tend to have less work experience and formal education, achieved lower earnings per week ($90.30) at closure than either the SSDI beneficiaries or those served under the basic program.

Rehabilitation Facilities

Rehabilitation facilities provide the means for evaluation, treatment and training of many handicapped individuals who otherwise could not be rehabilitated. In FY 1978, the most recent year for which data are available, State VR agencies spent $167,519,000 or 33.5 percent of their funds for services to persons in these facilities. In all, 203,414 clients received a wide range of services including diagnostic evaluations, work adjustment training, and other rehabilitation-related services.

PROGRAM DEVELOPMENT ACTIVITIES

The total appropriation for Program Development Activities in FY 1979 was $69,578,000, an increase over the FY 1978 amount of $64,078,000. The additional amount permitted the expansion of Client Assistance Projects and a new program in Independent Living. A number of projects and program highlights are shown as follows:

Special Projects for Severely Disabled Individuals

In FY 1979 four new projects for those severely disabled by mental illness were initiated, with funding for three of them by a transfer of money from NIMH to RSA. Two new projects for blind persons and single projects for those disabled by deafness, mental retardation, and multiple sclerosis were also funded.

Handicapped Migratory and Seasonal Farmworkers

The Rehabilitation Services Administration coordinates services for handicapped migratory and seasonal farmworkers with the Department of Labor, the Public Health Service and the Office of Education. During FY 1979 there were 14 active projects in 13 States. The majority of persons served were of Hispanic background with the exception of the Florida project which served mainly Black seasonal farmworkers. In FY 1979, nearly 300 migratory and seasonal farmworkers were rehabilitated.

Projects with Industry

The Projects with Industry program is a partnership between the rehabilitation and the business-industry communities to provide training leading to employment. In FY 1979, over 50 projects affiliated with more than 2,500 private corporations were funded for $4,500,000. During this same time period, 6,500 disabled persons, most of whom were severely disabled, were served by this program. Three-fourths of these individuals, or about 5,000, were placed in competitive employment.

Special Recreation Programs

While authorized by Sections 311 (a) (3) and 316 of the 1978 amendments to the Act, neither section has received any appropriation to implement their provisions.

Client Assistance Projects

Client Assistance Projects have the common goal of improving the VR program by providing ombudsmen as advocates to work directly with clients. There were 36 projects in operation during FY 1979 at a funding level of $3,500,000.

Innovation and Expansion

The Innovation and Expansion program was authorized by the Congress as a means of initiating special programs to expand VR services to the most severely disabled individuals. Particular emphasis is placed on the disabled poor who require multiple agency involvement. For FY 1979, $ 18,000,000 was available to the States for these special projects.

Rehabilitation Training

Rehabilitation Training grants are authorized to ensure that skilled workers are available to provide services to severely disabled individuals. Training was funded at $30,500,000 for FY 1979 to support an estimated 503 projects and 7,642 trainees. The scope of training was both long and short term and ranged from Rehabilitation Counseling to Speech Pathology and Audiology. In addition, continuing education was provided to upgrade the skills of rehabilitation staff in public and voluntary agencies.

Independent Living Rehabilitation

Independent Living Rehabilitation (ILR) is a program to provide services to severely handicapped individuals with the non-vocational goal of being more fully functioning members of society. During FY 1979, ten new projects for the establishment and operation of independent living centers were funded at an average cost of $200,000 each. The total appropriation for ILR for FY 1979 was $2,000,000.

NATIONAL INSTITUTE OF HANDICAPPED RESEARCH

The Rehabilitation Act Amendments of 1978 removed the Rehabilitation Research program from RSA and placed it in a new organization, the National Institute of Handicapped Research (NIHR). The total appropriation for NIHR activities in FY 1979 was $31,500,000.

Research Program

The Research Program of NIHR is primarily directed toward discovering new knowledge and overcoming information gaps significant to the rehabilitation of severely disabled people. NIHR supports a broad spectrum of research projects including rehabilitation planning; reduction of attitudinal, legal and recreational barriers; post-employment services for severely mentally disabled clients; improving systems that allow partially-sighted persons to read magnified print; research into the rehabilitation of end-stage renal disease patients; studying the effects of exercise on patients who have had a myocardial infarction and spinal cord injury research.

Rehabilitation Engineering Centers

There were twelve Rehabilitation Engineering Centers functioning in FY 1979 at a funded level of $7,200,000. The purpose of the Centers is the development of innovative methods of applying advances in medical, technological, psychological and social knowledge.

Rehabilitation Research and Training Centers

There were twenty-one Rehabilitation Research and Training Centers functioning during FY 1979 at a funded level of $14,825,000. Two additional Centers were established in FY 1979, one in mental illness and one in blindness. Annually the Centers conduct over 400 research projects.

ADVOCACY AND COORDINATION

Advocacy and Constituent Relations

The Rehabilitation Act of 1973, as amended, the Mental Retardation Facilities and Community Health Centers Construction Act, as amended, and the Education for All Handicapped Children Act gave impetus to a changing role for the Federal Government in the area of advocacy by providing funds for individual and group advocacy programs within the States and by mandating the involvement of disabled consumers in the policy development and consultation aspects of the development of the Annual Plan for Rehabilitation Services prepared by each State. Some highlights of activities that occurred in FY 1979 include the following: a national training program was held for recipient organizations within the social welfare system; a National Plan on Advocacy was completed and is awaiting final action; each regional office has appointed a staff person whose main responsibility is Advocacy and Consumer Relations; and of 83 State VR agencies, 64 have Advocacy Councils in place or at some stage of development.

Interagency Liaison

Cooperative linkages and relationships between rehabilitation agencies and other public and voluntary agencies are critical to efficiency, economy and integrated quality services for handicapped people. Cooperative and collaborative agreements now exist with the Office of Education, Administration on Aging, Social Security Administration, Veterans Administration, Department of Labor, the National Institute of Mental Health and other sources.

Services to Deaf Persons

Six special projects for deaf individuals served approximately 500 and rehabilitated 175 severely handicapped deaf individuals in FY 1978. The projects provide VR agencies with a resource for referral of severely handicapped deaf clients to facilities especially designed to meet their needs.

Of the estimated 18,000 persons with communications disabilities that were rehabilitated in FY 1979, 6,000 were deaf, 10,000 were hard of hearing and 2,000 had speech or language impairments.

Eight special projects provided services to 550 severely handicapped deaf persons who were previously underserved or not served at all. A total of 200 persons in these projects were rehabilitated in FY 1979.

White House Conference on Handicapped Individuals

Follow-up activities to the White House Conference have been undertaken by an implementation unit during FY 1979. The unit has established three functional advisory-work groups. Among their objectives they have formulated continuing goals and strategies for monitoring of the recommendations addressed in the implementation report of the White House Conference.

Office for Handicapped Individuals (OHI)

OHI is a coordinating and advocacy unit. As such, OHI ensures that the service and information needs of handicapped persons are more effectively met by the larger operational agencies and programs of the Department.

During FY 1979, OHI Clearinghouse responded to 2,890 telephone calls, answered 1,826 inquiries and distributed 114,439 publications.

TITLE V - MISCELLANEOUS PROVISIONS OF THE REHABILITATION ACT

Employment

Section 501 of the Rehabilitation Act of 1973, as amended, requires that all agencies, departments, and instrumentalities of the executive branch of the Federal Government submit annual affirmative action program plans for the hiring, placement and advancement of handicapped individuals to the Office of Personnel Management (OPM), formerly the U.S. Civil Service Commission.

Statistics gathered by OPM in FY 1979 indicated the following: A comparison with 1977 statistics shows a 21.57 percent increase in employment of mentally retarded persons, a 10.37 percent increase for persons with complete paralysis of the lower half of the body, 16.30 percent increase for those with partial paralysis of both hands and an 18.65 percent increase for hearing impaired without understandable speech; and there were 30 blind employees at the GS-16 through 18 level in 1978 as compared to only two blind persons reported in 1977.

Architectural Barriers

Section 502 of the Rehabilitation Act of 1973, as amended, established the Architectural and Transportation Barriers Compliance Board (A&TBCB). The Board is charged by Congress with responsibility to ensure compliance with standards prescribed under Federal laws which require that all buildings and facilities owned, occupied, or financed by the U.S. Government be accessible to and usable by people who are physically handicapped. FY 1979 saw a record number of complaints (176) from citizens and groups in 44 States and the District of Columbia; the Board completed ten comprehensive field surveys in the ten Federal Regional Offices, and conducted four national seminars for corporate leaders and representatives from private industry.

Employment Under Federal Contracts

Section 503 of the Rehabilitation Act of 1973, as amended, requires that any contract in excess of $2,500 entered into by a Federal department or agency for the procurement of personal property, and nonpersonal services for the United States shall contain a provision requiring affirmative action by the contractor to employ and advance in employment qualified handicapped individuals.

During FY 1979, more than 2,600 complaints of discrimination were received from handicapped persons. On an almost equal basis, these related to initial hires and termination. Only ten percent involved advancement or upward mobility restrictions. The resolution of complaints with "back pay" as a remedy reached the million dollar mark.

Federal contractors are required to make reasonable accommodations to a person's handicap. Numerous cases have been settled with accommodation as the major factor, e.g. in one case a large bank had an amplifier installed in the telephone of a hearing impaired individual. The total cost to the employer was less than $100.

Nondiscrimination Under Federal Grants

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits discrimination against qualified handicapped persons in all programs and activities conducted by recipients of Federal financial assistance. The Office for Civil Rights (OCR) has responsibility for enforcing Section 504 and coordinating a Department wide technical assistance program designed to encourage voluntary compliance with the Regulations.

During FY 1979, OCR received 2,110 individual complaints alleging discrimination under Section 504. This compares with 1,063 received in FY 1978. In FY 1979, 2,617 complaints were closed and of the 1,438 cases requiring investigation, 721 have resulted in remedial action on behalf of the complainants. The major issues raised in complaints were in the categories of employment, exclusion from programs, child placement and physical access to programs and services.

Interagency Coordinating Council

The 1978 Amendments to the Rehabilitation Act added a new section, 507, to Title V. The purpose of Section 507 is to maximize effort, promote efficiency and eliminate conflict, competition, and duplication among the various departments and agencies of the Federal government responsible for implementing Title V.

Membership to this Council includes the Secretaries of HEW and Labor, the Attorney General, Director of the Office of Personnel Management, Chairman of the Architectural and Transportation Barriers Compliance Board and Chairman of the Equal Employment Opportunity Commission.

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INTRODUCTION

The public program of Vocational Rehabilitation is our major governmental effort, both on the Federal and State levels, to provide constructive approaches to the **many-sided** problems of disability. It signifies the nation's recognition of our social responsibility to provide disabled citizens with opportunities to be a part of the mainstream of life as full participants in the world of work and the community in general.

The legal base for this national rehabilitation effort is the Rehabilitation Act of 1973 (P.L. 93-112), as amended. In 1978, the latest amendment to this Act was passed and is known as the Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978 (P.L. 95-602). Leaders in the field of Rehabilitation have referred to this Public Law as the most important legislation in the decade of the 1970's to assist handicapped persons. Within this legislation are new opportunities, challenges and benefits designed to enhance the development and potentialities of disabled individuals and especially those having severe disabilities. The scope of the problem and the needs are vast, with an estimated 25 to 35 million people (10 to 15 percent of the total population) having varying levels of chronic disability. More than ten million of these persons can be characterized as severely disabled, with two million people being homebound or institutionalized. The combination of an expanding role and limitations in available resources requires more efficient use of these resources by everyone involved in the rehabilitation process.

The increased emphasis upon serving the severely handicapped, with a legislative mandate to serve greater numbers of this group, as well as legislation promoting the civil rights of the handicapped and greater efforts by Federal, State and local governments and private businesses to remove architectural and transportation barriers to the physically handicapped - all are contributing to making an already effective vocational rehabilitation program more meaningful to more people. For the disabled citizen who wants to become a more independent contributing member of the community, help is available.

New Provision in the Law

Public Law 95-602 has provided for a number of new initiatives for handicapped persons and includes the following provisions:

- Comprehensive services for independent living which will enable States to help severely disabled people who previously have not been able to make use of rehabilitation services.

- A National Institute for Handicapped Research.

- Grants to help handicapped persons establish their own businesses.

- Expanded employment programs through RSA's Projects with Industry program and a community service employment program administered by the Labor Department.

- Loan guarantees for establishing rehabilitation facilities.

- Improvement in the capacity to meet the needs of American Indians who are handicapped.

- Special projects, such as reader services for blind persons and interpreter services for deaf persons.

- An examination of the problems of handicapped persons in rural areas and other mandated studies.

- A broader definition of developmental disabilities based on function.

- DD protection and advocacy systems and university-affiliated facilities authorized for minimum grants were increased.

- A requirement that State VR plans be submitted every three years and that information and referral programs be established by State agencies.

- Changes in the composition of the Architectural and Transporation Barriers Compliance Board.

- The amount authorized to be appropriated for VR programs is linked to the Consumer Price Index (CPI).

These developments and others in the Act should significantly impact on the lives of disabled persons in the improvement of the quality of life for a larger number of our nation's citizens.

Organizational and Administrative Developments

Since the reorganization in mid-1978 of the Rehabilitation Services Administration, a single agency focus has evolved from a number of Federal programs serving people with disabilities. Among the main benefits of the new organization are clearer lines of authority, increased coordination of programs serving similar groups, increased accountability for program operations, clearer reporting relationships, improved response to communications from the public, more effective management support, a clearer concept of the mission and more effective relationships with disabled persons and consumer organizations.

Two major offices were created - the Office of Advocacy and Coordination and the Office of Policy Management - in order to increase RSA's capacity for meaningful contact with groups, organizations, individuals and other Federal agencies and to improve focus on broad and long-term policy issues. Both offices help in developing a national policy on disability and in managing implementation of the recommendations made by the 1977 White House Conference on Handicapped Individuals. The organization is composed of the following (during FY 1979):

THE OFFICE OF THE COMMISSIONER

- Executive Office
- Agency Monitoring Staff
- Regional Liaison Staff
- Public Affairs Staff

THE OFFICE OF POLICY MANAGEMENT

- Division of Policy Development
- Division of Planning
- Division of Legislation, Regulations and Congressional Relations

THE OFFICE OF ADVOCACY AND COORDINATION

- Division of Advocacy and Constituent Relations
- Office of Deafness and Communicative Disorders
- Division of Agency Liaison

THE OFFICE OF PROGRAM OPERATIONS

- Division of Resource Management
- Bureau of Vocational Rehabilitation Operations
- Bureau for the Blind and Visually Handicapped
- Bureau of Developmental Disabilities
- Medical Consultation Staff

THE OFFICE OF PROGRAM DEVELOPMENT

- Bureau of Demonstrations and Manpower Development
- Bureau of Evaluation and Utilization

THE OFFICE OF ADMINISTRATIVE SUPPORT

- Division of Administration and Budget
- Division of Program Data and Analysis

THE PRESIDENTS COMMITTEE ON MENTAL RETARDATION

The Committee's major functions are: (1) to advise the President on the adequacy of the effort to combat mental retardation, (2) to provide liaison among Federal, State and local governmental and private organizations, (3) to inform the public and enlist their support.

Planning for Transition to Department of Education

With the passage of Public Law 96-88 on October 17, 1979, a separate Department of Education was created. The reorganization separates the Education Division from the Department of Health, Education and Welfare and combines it with education programs from five other Federal agencies. It renames the remaining HEW structure the Department of Health and Human Services.

The new Act also places the educational and vocational interests of handicapped persons in one place, under the Department of Education's Office of Special Education and Rehabilitative Services. HEW's Rehabilitation Services Administration, Bureau of Education for the Handicapped, National Institute of Handicapped Research and the Office for Handicapped Individuals will be transferred to this new office.

In addition to assuming all functions and offices created under the Rehabilitation Act of 1973 and the Education of the Handicapped Act, the new Department of Education will be responsible for all functions under the Randolph-Sheppard Act, the Alcohol and Drug Abuse Education Act, the Model Secondary School for the Deaf Act and laws relating to the relationship between HEW and Gallaudet College, Howard University, the American Printing House for the Blind and the National Technical Institute for the Deaf.

The Annual Report

Section 13 of the Act, as amended, states that "Not later than one-hundred and twenty days after the close of each fical year, the Commissioner shall prepare and submit to the President for transmittal to the Congress a full and complete report on the activities carried out under this Act. Such annual reports shall include statistical data reflecting services and activities provided individuals during the preceeding fical year."

PROGRAM OPERATIONS

PROGRAM OPERATIONS

The Rehabilitation Act of 1973, as amended, authorizes grants to the States to establish and conduct comprehensive vocational rehabilitation programs to meet the "needs of handicapped individuals so that such individuals may prepare for and engage in gainful employment to the extent of their capabilities." The Act places responsibility on the Commissioner of Rehabilitation Services Administration for both the management of the Federal aspects of the State-Federal vocational rehabilitation system and monitoring of the manner in which State agencies carry out their responsibilities under the law. Regional Offices provide technical assistance and leadership in assisting States to strengthen their Vocational Rehabilitation programs.

Administrators of rehabilitation and other human service programs do not have the luxury of being satisfied with even excellent levels of program efficiency. As an example: a rehabilitation program that performs effectively in 95 percent of cases may be viewed as exemplary relative to human capacity, but the human service program administrator recognizes that the five percent of cases being given less than adequate service are individuals who will remain dependent when independence is possible; individuals who will weigh on family resources when contributing is possible; individuals who will continue to receive a benefit check when work is possible. Data and other program information must be maintained and used to appraise program effectiveness, but the human product is too precious for the goal to be less than perfection.

Annual State Plan

The Rehabilitation Act of 1973, as amended, requires each State agency designated to administer the vocational rehabilitation program to submit a State plan every three years. The State plan for vocational rehabilitation services must be approved before a State can receive Federal funds.

The Three Year State Plan is the State unit's presentation of its basic assurances and commitment to the requirements of the Rehabilitation Act and to program planning and other key activities. The State plan is also the major point of reference for the Rehabilitation Services Administration as it monitors State unit performance with respect to setting and achieving priority goals, program operations and the delivery of vocational rehabilitation services, especially to individuals who are severely handicapped.

IWRP Developments

The Rehabilitation Act of 1973, as amended, also requires that an Individualized Written Rehabilitation Program (IWRP) be developed for all handicapped individuals served. The IWRP contains information about the process involved in making decisions about the rehabilitation goal and intermediate objectives that are planned to help reach that goal. It also identifies the vocational rehabilitation services that will be provided to aid the client in achieving the goal and provides the basis for measuring the client's progress toward the goal in terms of specific objectives.

Organizational Location of State VR Agencies

There are 83 State agencies administering vocational rehabilitation programs in the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Trust Territory of the Pacific Islands and the Commonwealth of Northern Mariana Islands.

In many States, there are two agencies - one for people who are blind, the other for people with any other disability. In most States, a single rehabilitation agency provides services to persons with any disability, including blindness.

Table 1 shows the organizational placement of the 83 State agencies administering vocational rehabilitation programs:

TABLE 1

ORGANIZATIONAL PLACEMENT

	Category	Number	
		General Agencies	Agencies for the Blind
(1)	Independent State vocational rehabilitation agencies responsible directly to the Office of the Governor	12	10
(2)	State vocational rehabilitation agencies located in a Department of Education or Vocational Education	17	3
(3)	State vocational rehabilitation agencies located in multi-program agencies 1/	27	14
	Total	56	27

1/ Multi-program agency means a designated State agency administering the vocational rehabilitation program along with at least two other major programs of the State in education, health, labor or welfare.

As noted in Table 1, approximately one-half of the States have adopted the multi-program agency as the designated sole State agency to administer the State's program of vocational rehabilitation.

When a State agency, other than an agency primarily concerned with vocational rehabilitation or vocational and other rehabilition, is designated as the sole State agency to administer the vocational rehabilitation program, the Act requires that there be an organizational unit devoted solely to vocational rehabilitation or vocational and other rehabilitation with responsibility and authority for carrying out the vocational rehabilitation program of the State. The Act also requires that the vocational rehabilitation program be comparable to other major organizational units in its location and status within the designated agency. The objective of these requirements is to avoid submerging the vocational rehabilitation program and, by implication, reducing its scope and effectiveness.

The importance of the State plan and the location of the VR agency was demonstrated when a conflict with the State of Florida surfaced. A question arose as to whether there was, in fact, an organizational unit with responsibility and authority for administering the Florida general agency's vocational rehabilitation program. The proposed Florida State plan set forth arrangements for administration of the VR program which assigned program authority for delivery of VR services, as well as authority for VR personnel and budget to staff outside of the organizational unit for VR. On March 28, 1978, the United States District Court for the Northern District of Florida upheld the Department of Health, Education and Welfare's administrative decision disapproving Florida's proposed State plan. On November 27, 1978, the Fifth Circuit Court of Appeals affirmed the decision of the District Court. Florida's appeal to the U.S. Supreme Court was unsuccessful. The State of Florida is now operating its vocational rehabilitation program under an approved three-year State Plan effective October 1, 1979.

PROGRAM AUDITS

During FY 1979, the following audit reports were provided to RSA by the General Accounting Office (two audits) and the HEW Audit Agency (19 audits). In addition, RSA conducted resource management reviews (five states) concentrating on rehabilitation facilities and their interface with State Rehabilitation agencies.

1. General Accounting Office

A Single Federal Authority is Needed for Establishing or Constructing Rehabilitation Facilities. This report made recommendations (1) to the Congress, relating to Title I of the Act, to prevent overlapping authority and to provide uniform matching rates for the construction and establishment of rehabilitation facilities, and (2) to HEW to require RSA to issue additional guidelines and to significantly increase the monitoring of State VR agencies' implementation of these provisions.

Rehabilitating Blind and Disabled Supplemental Security Income Recipients: Federal Role Needs Assessing. The report, based on a random sample of 544 cases from fourteen State rehabilitation agencies, raised questions concerning: appropriateness of joint administration of the SSI-VR Program by RSA and SSA; whether clients would have been more properly served under the basic support program and whether there should be funding limitations until necessary assistance can be provided to and evaluations can be made of State rehabilitation agency programs.

2. HEW Audit Agency

In 1979 sixteen audits of individual VR State agencies were completed by the HEW Audit Agency.

The dominant finding of the HEW audits was inadequate financial management practices. The findings and recommendations of the HEW audit agency were utilized by RSA to effect improvements in State agency management practices. Deloitte, Haskins and Sells have completed work on a financial management manual for State VR agencies and a training and program improvement strategy is planned for 1980 and 1981.

Although the dominant finding related to inadequate financial management practices, there were other findings that related to program areas such as client eligibility, attainment of program objectives, use of similar benefits and program monitoring. RSA has responded to audit findings by increased reviews and technical assistance which has and will result in more effective and efficient program operations.

An effort by RSA that has been particularly effective resulted from a contract with JWK International Corporation to develop a training package entitled Quality Assurance - A Management Training Program for Supervisors in VR. Sections of the training package on criteria development, monitoring, assessment, feedback action plans and follow-up are directed towards providing first-line VR supervisors with assisting materials to assure the delivery of quality rehabilitation services.

RSA has also developed, through a grant to the San Diego State University, the San Diego Case Review Schedule, which is the most comprehensive instrument developed to date for the purpose of reviewing individual case records and determining the extent to which such records meet all requirements set forth in the law and regulations and interpretative guidelines. As of January 1980, fourteen State agencies had received training in the use of the instrument and were using the data for corrective actions.

Through these various activities and efforts, RSA is exercising its leadership role and is responding to audit findings by taking positive action to improve the operation of the program.

3. Resource Management Reviews

These reviews are conducted to develop a comprehensive picture of a State's management performance, along with a realistic plan of action for correcting management deficiencies identified during the reviews and to document the best practices for possible replication by other State agencies.

The following is a summary of the major findings to date:

- Some State agencies are not fully utilizing benefits available to VR clients from other agencies and organizations (similar benefits).

- Lack of or inadequate financial and program monitoring and evaluation of facilities by State agencies.

- Facilities require additional technical assistance in the area of financial management (planning, budgeting, accounting and reporting).

- Many States have inadequate internal and fiscal controls over client expenditures. In many cases, authorization limits appear to be determined by fiscal procedures rather than individual needs resulting in State agencies either paying higher or lower fees for identical services.

- A major effort by the State agencies is needed to increase facility utilization rate because of the amount of time, dollars and staff invested in the (private non-profit and public) programs.

CASELOAD ACTIVITY IN STATE VR AGENCIES

This is a summary of caseload activity in VR agencies for FY 1979 and is characterized by the following:

1. The continuing decline in the total number of persons applying for and becoming clients of State vocational rehabilitation agencies;

2. The fourth decrease in the last five years in the number of persons rehabilitated;

3. The continuing increase in the number and proportion of severely disabled persons among the total caseload, with some indication, however, that the influx of the severely disabled is tapering off; and

4. The continuing decline in the purchasing power of VR dollars caused by inflation.

7

Continued Decline in Total Caseload: New Cases

The number of new cases entering each major stage of the VR process decreased in Fiscal Year 1979 from Fiscal Year 1978. This was the fourth year in a row that numbers of new cases entering referral, applicant and active statuses dropped and the second consecutive decline for new extended evaluation cases. In fact, the numbers of new cases available in referral, applicant and active statuses during Fiscal Year 1979 were the lowest since Fiscal Year 1975; new referrals in Fiscal Year 1979 were down by 326,000 cases, new applicants by 188,000 and new active cases by 123,000 since Fiscal Year 1975.

Continued Decline in Total Caseloads: Caseload Levels

There were roughly 55,000 fewer cases on hand in State agencies in all statuses on September 30, 1979 than on September 30,1978, the fourth year in a row of shrinking end-of-the-year caseload levels. This was the fifth consecutive year when cases available in referral at the end of the fiscal year declined and the 70,300 such cases represent the lowest level recorded to date. Cases in the applicant status on September 30, 1979 dropped below 300,000 for the first time in eight years. Similarly, the number in the active statuses on the same date (683,000) fell for the fourth year in a row reaching a level last seen at the end of Fiscal Year 1972.

Fourth Decline in Rehabilitations

Rehabilitations declined for the fourth time in five years, the latest from 294,400 in Fiscal Year 1978 to 288,300 in Fiscal Year 1979. In spite of the drop in cases closed as rehabilitated, the rehabilitation rate remained at roughly 65 percent during Fiscal Year 1979. This is an additional indication of the declining number of cases served by State agencies throughout Fiscal Year 1979.

Continued Rise in Severely Disabled Caseload

Both the number and proportion of the severely disabled continued to increase in Fiscal Year 1979, although a slackening in volume of severe cases may be under way. The number of active cases served that were severely disabled, for example, rose to 612,000, a gain of two percent from the previous year, while their proportion among all active cases served climbed to 54 percent.

Some 226,300 cases of severely disabled persons entered State agency caseloads. These cases represented 55 percent of all new active cases, the highest such proportion yet observed. Nevertheless, these 226,300 new severe cases represented a gain of only 700 cases over new severe cases accepted in Fiscal Year 1978. It is too early to determine, however, whether inflationary trends have begun to affect outreach efforts for this most important target group.

By September 30, 1979, there were 381,100 severely disabled persons still in receipt of rehabilitation services in the active statuses. They represented nearly 56 percent of all active cases, another all-time high. Yet, these severe cases were only 2,900 more than on September 30, 1978, the smallest gain since the data series for severely disabled began in Fiscal Year 1976.

Buying Power and Caseloads

Tables 2 and 3 on the next two pages show that the number of cases served and rehabilitated have fallen , in recent years, along with the buying power of program funds. It seems clear, therefore, that some combination of additional funding, program efficiencies and greater use of similar benefits is needed to halt the four-year decline in reaching the disabled population through the State-Federal program.

Since Fiscal Year 1975, for example, less money has effectively been spent on vocational rehabilitation in each succeeding year: 0.9 percent less in Fiscal Year 1976, 2.5 percent less in Fiscal Year 1977, 2.5 percent less in Fiscal Year 1978 and 7.1 percent less in Fiscal Year 1979. Importantly, about the same time that real (deflated) vocational rehabilitation expenditures began to decline, the number of cases served and rehabilitated also started to fall. For example, cases served fell by 0.5 percent in Fiscal Year 1976, 2.7 percent in Fiscal Year 1977, 3.0 percent in Fiscal Year 1978 and 2.1 percent in Fiscal Year 1979.

Table 2 shows program expenditures for vocational rehabilitation, both actual and deflated by the Consumer Price Index (CPI), for cases served and cases rehabilitated for Fiscal Year 1967 to Fiscal Year 1979.

Table 3 indicates the annual percent change in program expenditures for vocational rehabilitation (both actual and deflated by the Consumer Price Index) and cases served and rehabilitated for Fiscal Year 1968 to Fiscal Year 1979.

TABLE 2 - VOCATIONAL REHABILITATION PROGRAM EXPENDITURES: ACTUAL AND DEFLATED BY THE CONSUMER PRICE INDEX (CPI)
CASES SERVED AND REHABILITATED
FISCAL YEARS 1967 to 1979

Fiscal Year	Actual Expenditures 1/	Consumer Price Index 2/	Deflated Expenditures	Cases Served	Persons Rehabilitated
	($ million)		($ million)	(000)	(000)
1967	313.7	100.0	313.7	569.9	173.6
1968	393.1	104.2	377.2	680.4	207.9
1969	473.4	109.8	431.2	781.6	241.4
1970	578.7	116.3	497.6	875.9	267.0
1971	655.7	121.3	540.6	1,001.7	291.3
1972	727.2	125.3	580.4	1,111.0	326.1
1973	772.6	133.1	580.5	1,176.4	360.7
1974	877.5	147.7	594.1	1,201.7	361.1
1975	1,021.3	161.2	633.5	1,244.3	324.0
1976	1,062.0	170.5	627.7	1,238.4	303.3
1977	1,111.0	181.5	612.1	1,204.5	291.2
1978	1,152.5	195.4	596.6	1,168.0	294.4
1979	1,200.4	217.4	552.2	1,127.6	288.3

1/ Includes Federal and State expenditures for Basic Support and Innovation and Expansion grants and Federal expenditures under Social Security Trust Funds and Supplemental Security Income Funds.

2/ All urban consumers index.

TABLE 3 - ANNUAL PERCENT CHANGE: VOCATIONAL REHABILITATION PROGRAM EXPENDITURES: ACTUAL AND DEFLATED BY THE CONSUMER PRICE INDEX (CPI) AND CASES SERVED AND REHABILITATED-FISCAL YEARS 1968 to 1979

Fiscal Year	Actual Expenditures 1/	Consumer Price Index 2/	Deflated Expenditures	Cases Served	Persons Rehabilitated
1968	+ 25.3	+ 4.2	+ 20.2	+ 19.4	+ 19.8
1969	+ 20.4	+ 5.4	+ 14.3	+ 14.9	+ 16.1
1970	+ 22.2	+ 5.9	+ 15.4	+ 12.1	+ 10.6
1971	+ 13.3	+ 4.3	+ 8.6	+ 14.4	+ 9.1
1972	+ 10.9	+ 3.3	+ 7.4	+ 10.9	+ 12.0
1973	+ 6.2	+ 6.2	+ 0.0	+ 5.9	+ 10.6
1974	+ 13.6	+11.0	+ 2.3	+ 2.1	+ 0.1
1975	+ 16.4	+ 9.1	+ 6.6	+ 3.6	- 10.3
1976	+ 4.0	+ 5.8	- 0.9	- 0.5	- 6.4
1977	+ 4.6	+ 6.5	- 2.5	- 2.7	- 4.0
1978	+ 3.7	+ 7.7	- 2.5	- 3.0	+ 1.1
1979	+ 4.2	+11.3	- 7.4	- 3.5	- 2.1

1/ Includes Federal and State expenditures for Basic Support and Innovation and Expansion grants and Federal expenditures under Social Security Trust Funds and Supplemental Security Income Funds.

2/ All urban consumers index.

ANALYSIS OF POST-EMPLOYMENT SERVICES

RSA Audit Reports and analysis of financial and statistical data indicated limited use of the Post-Employment Services authority. A study of this issue released in mid-1979 indicated a sharp increase in the number and proportion of rehabilitated clients who were provided post-employment services in FY 79 relative to FY 77. Still, post-employment cases comprise a small proportion of the State VR agency caseloads.

In Fiscal Year 1978, there were 9,792 post-employment cases available in State agency caseloads, 27.5 percent more than the 7,680 in Fiscal Year 1977. Of the total cases available during Fiscal Year 1978, 5,034, or 51.4 percent, had been closed by September 30, 1978. "Employment maintained," the goal of post-employment services, was the cited reason for 3,879 or 77.1 percent of the closures. Three of every five persons in receipt of post-employment services were severely disabled.

By definition, post-employment cases come solely from the ranks of rehabilitated clients. Nationally, the 9,792 post-employment cases available in Fiscal Year 1978 represented only 3.4 percent of the 291,202 cases rehabilitated in Fiscal Year 1977. The severely disabled were twice as likely as the non-severe to have received post-employment services, 4.7 percent vs. 2.3 percent. Agencies for the blind were much more frequent providers of post-employment services than were general agencies by a margin of 10.8 percent to 3.0 percent.

FUNDING OF PROGRAM OPERATIONS

The total appropriation for Program Operations activities in FY 1979 was $1,053,917,000 distributed as follows:

	1978	1979
Basic State Grants	$760,472,000	$817,484,000
Social Security Disability Insurance Program (Trust Funds)	97,872,000	103,744,000
Supplemental Security Income Program 1/	52,299,000	55,461,000
Innovation and Expansion	18,000,000	18,000,000
Training Services and Facility Improvement	7,400,000	4,900,000
Special Projects and Construction	17,328,000	16,828,000
Helen Keller Deaf/Blind Center	2,500,000	2,500,000
Evaluation	2,500,000	2,500,000
Independent Living	-	2,000,000
Training of Rehabilitation Personnel	30,500,000	30,500,000
Total Rehabilitation Services	$988,871,000	$1,053,917,000

1/ Includes funds for Alcohol and Drug Addiction Program

The appropriation increases of less than the cost of living emphasize the need for more efficient utilization of limited resources for serving handicapped individuals. The various program operations activities received critical outside and self-review and many corrective actions were initiated by Federal and State administrators.

BASIC VOCATIONAL REHABILITATION PROGRAM

FEDERAL FUNDS - $817,484,000.

The Rehabilitation Act of 1973, as amended, authorizes the allocation of Federal funds on a formula basis with a 20 percent State fund matching requirement (80 percent Federal - 20 percent State) for the administration of a program of wide ranging services to assist handicapped individuals to prepare for and engage in gainful occupations. The emphasis is on providing services to individuals with the most severe handicaps.

Structure of Services

Rehabilitation services are provided on an individual basis tailored to the distinct and specific needs of each disabled person. State agency professional staff provide referral, counseling and guidance and placement services. They also coordinate and authorize the acquisition of needed services from other public programs or purchase the required services on a fee-for-service basis from the private sector. The range of such services includes, but is not limited to: Physical and mental restorative services such as medical and corrective surgical treatment, hospitalization, prosthetic, orthotic and other assistive devices , physical and occupational therapy and psychological services; training, including personal and work adjustment; maintenance; transportation; reader services and orientation and mobility services for the blind; interpreter services for the deaf; tools, equipment and initial stock; telecommunications, sensory and other technological aids and post-employment services.

Eligibility for services is based on the review of pertinent information to determine an individual's rehabilitation potential and the existence of a disability constituting a substantial handicap to employment. Further studies may be necessary to assist counselors and clients in jointly developing an individualized rehabilitation program. The rehabilitation counselor is the key staff member in making the eligibility determination, developing with the handicapped person an individualized rehabilitation plan, managing the arrangements for services, counseling and guiding the individual, assisting the client through successful placement on the job and providing necessary post-employment services to assist in maintaining employment.

The Rehabilitation Act of 1973, as amended, also requires that an Individualized Written Rehabilitation Program (IWRP) be developed for all handicapped individuals served. The IWRP contains relevant information about the client, the process involved in making decisions about the rehabilitation goal and intermediate objectives that are planned to help reach that goal. It also identifies the vocational rehabilitation services that will be provided to aid the client in achieving the goal and provides the basis for measuring the client's progress toward the goal in terms of specific objectives.

CHARACTERISTICS OF CLIENTS REHABILITATED - 1978 DATA

Table 4 shows the mean (average) characteristics of severely and non-severely handicapped individuals using the latest available data from FY 1978.

TABLE 4
MEAN CHARACTERISTICS OF CLIENTS REHABILITATED
FY 78 DATA

Client Characteristics	Severely Disabled Clients	Non-Severely Disabled Clients
Weekly Earnings:		
At Referral	$ 12.90	$ 21.30
At Closure	$ 97.00	$120.00
Time in VR Process (Mos.)	24.7	21.6
Cost of Case Services	$1,432.80	$962.90
Age at Referral (years)	33.6	31.1
Public Assistance Recipients	43.7%	31.6%
Female	44.3%	47.2%
Training Received	57.2%	48.7%
Restoration Received	41.4%	44.5%
Personal Adjustment Received	28.6%	15.1%
Maintenance Received	23.7%	22.0%

Earnings at Referral and Closure

The major measurable impact of rehabilitation services on clients participating in the vocational rehabilitation program is economic. The economic impact on clients rehabilitated in Fiscal Year 1978 was dramatic. Before participation in the VR program, earnings of all clients rehabilitated averaged only $17.27 per week ($12.90 for severely disabled and $21.30 for non-severely disabled clients). These average earnings figures include those without any earnings - 87.1 percent of those severely disabled and 78.4 percent of the non-severely disabled.

The improvement in work status and earnings was substantial for both severely disabled and non-severely disabled persons rehabilitated in Fiscal Year 1978. The average weekly earnings at closure of all rehabilitated clients was $109.11 ($97 for those with severe disabilities and $120 for non-severely disabled clients). Those with no earnings diminished at closure to 19.1 percent for those with severe disabilities and 11.1 percent for non-severely disabled clients.

The more limited capacity of the severely disabled for remunerative employment may be seen in the fact that 19.4 percent of them were rehabilitated as homemakers and unpaid family workers compared to 11.2 percent of non-severely disabled clients. Most strikingly, 8.9 percent of those with severe disabilities, but less than one percent of the non-severely disabled, required sheltered employment.

Time in VR Status

Clients rehabilitated in Fiscal Year 1978 spent an average of 23.1 months in the vocational rehabilitation process. Severely disabled clients averaged 24.7 months and non-severely disabled clients, 21.6 months.

Cost of VR Services [1]

One of the most significant and striking differences between severely and non-severely disabled clientele can be demonstrated by variances in the cost of case services, i.e. the costs of services purchased by the State agency on behalf of the client. The mean case service cost expended on a severely disabled client rehabilitated in Fiscal Year 1978 was $1,432.80. The mean cost for the non-severely disabled was $962.90, a difference of 48.8 percent. Stated differently, for every two dollars spent to rehabilitate a non-severely disabled person, three dollars had to be spent for the rehabilitation of a severely disabled individual. For clients costing State agencies $10,000 or more, over three-quarters (82.6 percent) were severely disabled. Using another perspective, 22.2 percent of the severely disabled cost $2,000 or more to rehabilitate, while only 13.6 percent of the non-severely disabled cost this amount.

Age at Referral

Severely disabled clients were, on the average, over two years older than those not severely disabled (33.6 years vs. 31.1 years). The average for all clients was 32.2 years.

The age distribution of clients in both groups varied significantly. For example, nearly twice as many of the severely disabled (11.8 percent compared to 6.8 percent of the non-severely disabled) were over 54 years of age at referral. The proportion of those severely disabled increased with the higher age groupings so that by age 65 and beyond, 70.0 percent of all clients were severely disabled.

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[1] Includes cost of services bought for persons while they were clients, but not amounts for program overhead.

Public Assistance Recipients

Severely disabled persons were more likely than non-severely disabled to have received public assistance during the vocational rehabilitation process and were less likely to have been removed from the public assistance rolls. Of the 55,012 persons rehabilitated in Fiscal Year 1979 who had been public assistance recipients during the VR process, 63.7 percent were severely disabled.

Sex and Race

Relatively fewer of the severely disabled persons were either females or minority group members.

Types of Services Received

Severely disabled clients tend to require more specialized and expensive services. More of the severely disabled required training (57.2 percent to 48.7 percent) than those not severely impaired. The broad category of training includes college or university, on-the-job or the teaching of specific skills for a job. Nearly twice as many severely disabled clients require services to assist them in adjusting to their disability (28.6 percent vs. 15.1 percent).

Major Disabling Condition

Blindness and deafness are defined as severe disabilities and orthopedic impairments, amputations and mental retardation were more prevalent among severely than non-severely disabled persons. These five categories of disability accounted for 54.2 percent of the severe cases, compared to 28.9 percent of the non-severe cases. Mental illness and digestive system disorders were more prevalent among persons who were not severely disabled (39.2 percent to 25.0 percent of the severely disabled clientele).

CHARACTERISTICS OF VISUALLY IMPAIRED CLIENTS REHABILITATED
1978 DATA

Table 5 shows the mean (average) characteristics of blind and visually impaired individuals using the latest available data (FY 1978).

Earnings at Referral and Closure

Only 21.4 percent of the visually handicapped had earnings at the time of referral. At closure, 64.5 percent of the visually disabled had earnings, ranging from 74.6 percent among those blind in one eye to 52.9 percent among persons blind in both eyes. The average weekly earnings at closure for rehabilitated visually handicapped persons was $79.80. The highest average weekly earnings were attained by those blind in one eye $98.90 and the lowest, $66.40, by those blind in both eyes.

TABLE 5

MEAN CHARACTERISTICS OF REHABILITATED BLIND AND VISUALLY IMPAIRED CLIENTS - 1978 DATA

Client Characteristics	Blind and Visually Impaired Clients
Weekly Earnings:	
Referral	$ 20.40
Closure	$ 79.80
Time in VR Process (months)	24.0
Cost of VR Services *	$1,458.10
Age at Referral (years)	41.1
Female	54.3%
Training Received	46.2%
Restoration Received	61.5%
Personal Adjustment Received	25.2%
Maintenance Received	19.0%

* Cost figures differ from those presented in other publications because expenditures are included only for the multi-year cost of those who were successfully rehabilitated.

Time in VR Process

On the average, persons with visual impairments were in the VR process slightly longer than the rehabilitated population as a whole (24 months vs. 23.1 months).

The average number of months in the VR process for the various groups of visually handicapped persons ranged from 27.4 months for those blind in both eyes to 18.9 months for persons with "other visual impairments." As might be expected, the more severely handicapped among the visually impaired were more likely to receive training and training tends to consume extended periods of time. As many as 9.7 percent of those blind in both eyes, compared to 41 percent among persons with "other visual impairments," spent more than five years in the VR process. On the other hand, one-half of the latter category spent one year or less in the process.

Cost of VR Services

The average case service cost on the visually handicapped was $1,458, compared to $1,187 for all rehabilitated persons. Costs varied with the severity of the disability, ranging from $2,336 for those blind in both eyes to $666 for persons with "other visual impairments." As many as 6.1 percent of those blind in both eyes were served at a cost of $10,000 or more per case. Another 8.3 percent cost $5,000 - $9,999 to serve successfully. At the other end of the cost spectrum, 44.6 percent of persons with "other visual impairments" were rehabilitated for less than $100 per case.

Age at Referral

Persons with visual impairments were considerably older, on the average, than the rehabilitated population as a whole (41.1 years vs. 32.2 years). As one indication of the age differential, 11.0 percent of the visually handicapped, compared to 2.2 percent of the rehabilitated population as a whole were 65 years old and over. The average age for those blind in both eyes was 43.9 years and for those blind in one eye, 37.3 years.

Sex

Women represented 54.3 percent of rehabilitated persons with visual impairments. This compares to 45.8 percent women among all rehabilitated clients. Among the visually impaired, the largest proportion of women were found among persons with "other visual impairments" (59.5 percent) and the smallest among those blind in one eye (44.3 percent).

Types of Services Received

Persons with visual impairments were more likely to have received restoration services with 61.5 percent vs. 43.1 percent for all rehabilitated clientele. Visually handicapped persons were less likely to have received training services (46.2 percent vs. 52.1 percent for the rehabilitated population as a whole). However, the proportion of clients receiving training among those blind in both eyes was quite high, 69.4 percent.

In general, the more severe the visual handicap, the more likely that training was provided. This pattern was especially pronounced for the most common form of training, personal and vocational adjustment and also for on-the-job training and other services to individuals, such as tools and equipment and reader services. Maintenance payments were also more likely to be provided for the severely visually handicapped. Interestingly, however, those blind in only one eye were the likeliest beneficiaries of expensive college training and vocational or trade school training.

Occupations at Closure

Table 6 shows the occupations at closure of individuals with visual impairments. Traditionally, homemaking and sheltered workshop work have been made avenues of employment for persons with visual impairments. There are also the so-called "blind trades," e.g. vending stand operators, dictaphone typists, switchboard operators and darkroom technicians.

Admittedly, homemaking is still a leading type of occupation for visually handicapped persons. About one-in-three (34.8 percent) of the clients with visual impairments were rehabilitated as homemakers. This is more than double the 14.3 percent of homemakers found among the rehabilitated population as a whole. Most likely to have been rehabilitated as homemakers were persons blind in both eyes (46.3 percent).

About one-in-five (21.4 percent) of the clients with visual impairments were placed into industrial occupations. This compares to 31.1 percent among the rehabilitated population as a whole. Most likely to be placed into industrial occupations were those blind in one eye which accounted for 28.1 percent.

Service occupations accounted for 13.1 percent of all visually handicapped employees and this compares to 19.4 percent among rehabilitated clients in general. Most likely to be placed into service occupations, with 17.9 percent, were persons with "other visual impairments."

TABLE 6

SUMMARY OF OCCUPATIONS FOR GROUPS OF PERSONS WITH VISUAL IMPAIRMENTS

Visually Handicapped Groupings	Leading Occupations at Closure	Percent
I. "Blind both Eyes"	1. Homemaking	a) 46.3
	2. Professional	b) 16.6
	(Vending stand operator)	3.1
	3. Industrial	c) 13.6
	(Unskilled - bench work)	3.9
II. "Blind One Eye"	1. Industrial	a) 28.1
	(Unskilled -miscellaneous)	5.4
	2. Homemaking	b) 24.5
	3. Services	c) 15.7
	(Food)	3.4
	4. Professional	d) 15.0
	(Education)	2.7
III. "All other Visual Impairments"	1. Homemaking	a) 30.3
	2. Industrial	b) 24.5
	(Unskilled-miscellaneous)	4.3
	3. Services	c) 17.9
	(Food)	3.4
	4. Clerical	d) 9.7
	(Steno-typing)	4.2

Professional/technical/managerial occupations were the source of employment for 13.5 percent of the persons with visual impairments. This compares to 12.8 percent for the rehabilitated population as a whole.

SERVICES TO BLIND AND VISUALLY HANDICAPPED

In accordance with the provisions of the Rehabilitation Act of 1973, as amended, continued emphasis is being placed on the rehabilitation of more severely handicapped individuals. The Rehabilitation Services Administration and the State agencies continue to concentrate on developing new and expanded job opportunities for blind and visually impaired individuals. A greater emphasis is being placed on the utilization of today's technology which will allow the blind and visually handicapped individual to enter new areas of competitive employment.

A number of National corporations, as well as State and Federal governments, are entering into affirmative action programs which have and will assist in broadening the employment opportunities for blind persons. The IBM Corporation has recently developed typewriters with an audible readout which will allow a blind typist to verify the work.

The Bureau also works extensively with other government offices in terms of conceptualizing and developing audible or braille printout systems which will provide new employment areas for blind persons.

In cooperation with the NIHR, the Bureau for Blind and Visually Handicapped was successful in establishing the first R&T Center on blindness which is located at the University of North Carolina at Chapel Hill. This Center will provide RSA with the necessary mechanism to research and demonstrate the usefulness of available and future technology to assist blind persons to work and live more independently. It is anticipated also that the operation of this Center will satisfy the training needs of personnel providing vocational rehabilitation and independent living services to blind individuals.

RESEARCH AND TRAINING CENTER FOR BLIND AND VISUALLY HANDICAPPED PEOPLE

The first Research and Training Center devoted to the problems in the rehabilitation of blind and visually handicapped clients was established at the University of North Carolina at Chapel Hill. The first year grant for $300,000 has addressed problems in the following three core problem areas:

1. Development of ways to achieve maximal utilization of residual vision;

2. Psychological and sociological research in the various areas of the blindness field for the advancement of the social and vocational well-being of blind individuals; and

3. Full utilization of current and future technology for maximum benefits to blind and visually handicapped persons.

In addition to the University of North Carolina, Duke and North Carolina State Universities will assist the University of North Carolina in research and training efforts conducted at the Center.

SERVICES TO THE OLDER BLIND POPULATION

The 1978 amendments to the Rehabilitation Act created a new Section 311(a)(1) replacing Section 304(b)(1) which provided for special projects to serve the older blind population. Major changes initiated by the amendments prohibit the consideration of age as a factor for receiving services as well as vocational potential of individuals. However, for FY 1979, funding priority consideration was given those applications in which vocational rehabilitation was a primary project objective.

During FY 1979, there were eight projects in operation providing services to the older blind population. This is an increase of two over the previous year. An earlier goal of the program was to have an older blind project located in every Region. This goal has almost been accomplished with only two of the ten Regions not having an older blind project funded under this program.

The variety of projects across the country has addressed the special problems found in rural, urban and inner-city areas, special problems of the older blind in minority groups such as Blacks and Hispanics, special problems faced in employment settings such as home industries and second careers. These projects have provided us with valuable experience which will be utilized in working with the older blind population in the provision of comprehensive services.

NATIONAL EVALUATION OF VOCATIONAL REHABILITATION PROGRAMS PROVIDING SERVICES TO BLIND AND VISUALLY HANDICAPPED PEOPLE

The JWK International Corporation was authorized to develop and conduct an evaluation of State vocational rehabilitation agencies providing services to blind and visually handicapped clients. The evaluation report will consist of information gathered from a combination of questionnaires and on-site visits with appropriate recommendations.

All State vocational rehabilitation agencies serving blind and visually handicapped clients have participated and had input in the study through information submitted on the questionnaire. An on-site visit will be made to nine different State agencies to conduct an in-depth review of the State's operation. The findings and recommendations of the final report will be contained in the Annual Report for FY 1980. In addition, the contractor will furnish each State agency with a report on their individual program evaluation.

THE NEW AREA OF SERVICES FOR BLIND INDIVIDUALS

Section 314 of the Rehabilitation, Comprehensive Services and Developmental Disabilities Legislation of 1978 enabled reading services to be provided to blind individuals who are not otherwise eligible for them through other State or Federal programs. When this discretionary grant program is funded, persons who are gainfully employed will be able to receive the assistance in their work settings. It also expands the quality and scope of reading services which are available and assures, to the maximum extent possible, that the services provided will meet the needs in this area.

The acquisition and retention of employment are two of the primary reasons for the delivery of reading services under the Section. However, they can also be provided for educational purposes if the individual is not eligible for assistance through other regular existing funding sources. Proposed Regulations have been published in the Federal Register; however, there were no funds available for this program in FY 1979.

TECHNOLOGY UTILIZATION PROGRAM IN RSA FOR HANDICAPPED INDIVIDUALS

In June 1978, a new RSA-wide program was established to demonstrate the application of available technology as a means of assisting handicapped employees to increase their functional capabilities and to generally enhance their employment potential. The program began with the RSA Bureau for Blind and Visually Handicapped and the Deafness and Communicative Disorders Office. The equipment which was purchased is being used by RSA handicapped persons on a daily basis. It is located in the Bureau for Blind and Visually Handicapped and at other locations in the Mary E. Switzer Building and collectively may be called a Media Center.

Rehabilitation practitioners, supervisors from State and Federal agencies and even persons from foreign countries have visited to learn how new and available technology can be utilized to assist handicapped individuals to function more independently and effectively in their jobs.

Disabled persons in RSA have been surveyed to determine their particular needs as well as their desire to participate in this voluntary and experimental program. Modifications to the working environment, along with the installation of special furniture designed to meet the needs of the particular disability of the RSA staff members were accomplished. The innovative program was inspired by Central Office staff and has been implemented successfully. Strong evaluation and continuing research components will be maintained during the current fiscal year.

The program serves to emphasize RSA's commitment to reasonable accommodation as well as the willingness to provide the equipment which will improve the independence, effectiveness and quality of life of its handicapped employees.

THE DEVELOPMENT AND EXPANSION OF EMPLOYMENT OPPORTUNITIES FOR BLIND AND VISUALLY HANDICAPPED INDIVIDUALS

During the past year, strong efforts have continued by personnel of the Bureau for Blind and Visually Handicapped to develop and expand job opportunities for this population both in traditional areas and in new innovative occupations. However, the most important factor in the overall placement process remains the need for the client to develop specific salable job skills to his or her optimum level.

In September 1979, the American Foundation for the Blind conducted a four-day workshop on the employment of blind persons in the primary labor market. It was sponsored by a national short-term training grant from the Rehabilitation Services Administration, with the employment specialist from the Bureau taking an active role. Approximately 40 individuals, most of them rehabilitation personnel in the blindness field, attended the conference. The primary labor market is generally considered by employers as exempt positions under the Fair Labor Standards Act - positions requiring a higher level of education and skills than is needed in the secondary labor market. Some examples would be professional, managerial, supervisory and technical jobs. Training was provided to improve the skills of rehabilitation personnel in providing assistance to corporations on the employment and retention of blind and visually handicapped individuals in this exempt employment area. A curriculum has been developed which can be readily duplicated for training on a Regional basis.

During the past year, a new and innovative program has been implemented at North Shore University Hospital in Manhasset, New York. It is sponsored by an Allied Health project and is designed to demonstrate and evaluate the feasibility of providing technician level training in a hospital to blind and visually handicapped individuals to prepare them for competitive employment in nuclear medicine and in clinical laboratory technology. There is certainly a clear need to develop new work opportunities in the blindness field. This two year program, which offers both academic training in affiliated colleges and practical experience in a hospital setting, certainly appears to hold excellent potential to prepare individuals for these two rapidly growing occupations.

The program at St. Mary's Junior College in Minneapolis, Minnesota, designed to train blind persons to work as occupational therapy and physical therapy assistants, has realized significant progress during the past year. It was sponsored by a long-term training/experimental and innovative grant from the Rehabilitation Services Administration. Several blind individuals are successfully completing the course this academic year and will soon be ready for placement. Appropriate employer contacts have been made and the graduates have excellent prospects to secure suitable positions. This training curriculum can certainly be duplicated in other Regions of the country.

The agreement, which was made between the Bureau for Blind and Visually Handicapped and the General Services Administration, to hire blind individuals to work as information specialists in the GSA Federal Information Centers throughout the country has resulted in successful job placements during the past year. On May 7, 1979, five individuals from various States entered the five-month training course which had been developed at Arkansas Enterprises for the Blind. All of them successfully completed the program and were placed as information specialists at different centers throughout the country.

These are some of the projects which clearly demonstrate the overall sustained genuine effort which is made to develop and expand suitable employment opportunities for blind and visually handicapped individuals.

HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS

The Helen Keller National Center for Deaf-Blind Youths and Adults operates under the authorization in Section 313 of the Rehabilitation Act of 1973, as amended. Congress provided for the establishment of the Center to: (1) demonstrate methods of providing specialized services needed to rehabilitate individuals who are both deaf and blind, (2) train professional and other personnel to work with deaf-blind people, (3) conduct relevant research, and (4) carry out programs to expand and improve services, including public education programs on the needs of deaf-blind persons.

In fiscal year 1979, 181 deaf-blind trainees were served by the headquarters personnel. A total of 585 trainees were served by the eight regional representatives and the main facility at Sands Point, New York. During this period, 88 trainees were enrolled at the Helen Keller National Center Headquarters for rehabilitation, evaluation and/or training. As a result of the training received at the National Center, trainees were placed in professional employment, sheltered workshops, returned to school and a few are currently awaiting employment.

The Center's research program continues to concentrate on the development and testing of aids and appliances which will enable deaf-blind persons to lead improved social and economic lives. The program is also intensely involved in initiating new research and demonstration efforts necessary to extend and expand services to people who are deaf-blind. An example of the result of research is Telebraille, a system designed at the Center for transmitting braille by telephone. Last October, a successful long distance test of the Telebraille was made between Chicago, Illinois and the Helen Keller National Center. The research program at the National Center is currently in the process of modifying the system as a result of the input of deaf-blind people.

The research program at the National Center is also engaged in the development of the Wrist-Com, a miniaturized waterproof and shock resistant wireless device, small enough to be worn on the wrist, that receives vibratory signals from a special transmitter. The Wrist-Com is presently used at the Center to page deaf-blind individuals and to warn them of fire or other emergencies. A residential model, not as fully miniaturized, is being designed for the use of deaf-blind individuals at home to alert them to the ringing of a doorbell, the ringing of the telephone and the presence of smoke or other potential hazards.

RANDOLPH-SHEPPARD VENDING FACILITY PROGRAM

The purpose of the Randolph-Sheppard Act, as amended, is to provide a priority to qualified blind persons, licensed by the State agency which administers vocational rehabilitation, to operate vending facilities on Federal property.

The Randolph-Sheppard program offers major opportunities for managerial positions for people who are blind. More than 400 blind persons enter this program each year and historically their average earnings have increased.

Although, initially, the Randolph-Sheppard Act was enacted for the purpose of providing employment opportunities for blind persons in Federal buildings, program expansion has resulted from facilities established on State and private property. This thrust in the program is provided for by State laws commonly referred to as "mini-Randolph-Sheppard Acts" which provide for the operation of vending facilities by blind vendors on all or part of the property owned or leased by the various States.

Because of the problems of inflation and the necessary tightening of budgets, the States continue to place a major emphasis on refurbishment of existing facilities. This creates better equipped and more attractive facilities which, through improved operating techniques, enlarges the articles or services for sale, resulting in higher earnings for the vendors.

The regulations issued pursuant to the 1974 Amendments mandates all State licensing agencies to bring all State regulations governing the operation of the vending facilities program into compliance with the law. Most States have submitted the necessary changes to RSA for review and approval. One major change provides for the election and operation of a State committee of blind vendors. All States have now established these committees. The committee offers each vendor a voice in the administration of the program. This cooperative and innovative approach in the management of the vending facility program can produce a better, more progressive program which will enhance the employment opportunities for blind persons.

The approved report form (RSA-15) which is the only State data collection form providing information to RSA for the necessary oversight and management of the program has been temporarily suspended by OMB pending a review for renewal. However, information voluntarily forwarded by 16 States has provided representative information for FY 1979 which we have used for the projections reflected in Table 7.

TABLE 7

RANDOLPH-SHEPPARD VENDING FACILITY PROGRAM PROJECTED DATA FOR FY 79 AND ACTUAL DATA FOR FY 1977 AND FY 1978

	FY 1977	FY 1978	% Incr. (Decr.)	Projected FY 1979*	% Incr. (Decr.)
Total Gross Income	$178,785,430	200,420,725	12.1	223,100,000	11.3
Federal Location	$ 49,949,037	57,545,744	15.1	64,300,000	11.8
Non-Federal Location	$128,836,393	142,874,981	10.9	158,800,000	11.1
Total No. of Vendors	3,995	3,931	(1.6)	3,925	(.1)
Federal Location	1,033	1,056	.2	1,085	2.5
Non-Federal Location	2,962	2,875	(2.8)	2,840	(1.2)
Total Earnings of Vendors	$ 36,538,786	41,874,403	14.6	44,200,000	5.6
Federal Location	$ 10,237,824	12,116,390	18.3	12,900,000	6.8
Non-Federal Location	$ 26,300,962	29,758,013	13.1	31,300,000	5.0
Average Earnings of Vendors	$ 10,658	12,137	13.9	12,790	5.4
Federal Location	$ 11,457	12,935	12.9	13,815	6.8
Non-Federal Location	$ 10,375	11,840	14.1	12,395	4.7
Total of Vending Facilities	3,404	3,435	.9	3,560	3.7
Federal Location	879	904	3.7	910	.5
Non-Federal Location	2,525	2,531	.2	2,570	1.5

* All program data shown in the FY 1979 column are projected figures developed through a percent comparison of 16 FY 1979 State annual reports to these same State reports from FY 1978.

SSDI AND SSI VOCATIONAL REHABILITATION PROGRAMS

FEDERAL FUNDS - SSDI/VR - $103,744,000.
SSI/VR - $ 55,461,000.

Section 222 of the Social Security Act provides for the payment from the trust funds of costs of vocational rehabilitation services furnished to disability beneficiaries. Similarly, Section 1615 of the Act makes provision for vocational rehabilitation services to blind and disabled persons who receive Supplemental Security Income payments. Within the limits authorized, special funds are available to the States to provide for beneficiaries under State vocational rehabilitation programs. The purpose of the provision is to make vocational rehabilitation services more readily available to disabled individuals to the end that savings will result to the Special Funds as a result of rehabilitating the maximum number of such individuals in productive activity.

The State/Federal vocational rehabilitation program was selected to administer the Special SSDI/SSI-VR Programs because of its long history of helping disabled people achieve employment goals and demonstrating the unique ability to meet the needs of the severely handicapped. During their deliberations on the 1965 Amendments, the Congress decided that the services under the Federal/State VR provisions were not reaching enough beneficiaries; only 3,000 were rehabilitated annually. Because many States fell short of matching VR funds, limitations on facilities and services constituted substantial obstacles to the rehabilitation of a greater number of social security beneficiaries. Under those conditions, the States were not able to provide services for all handicapped people who could benefit from them. Consequently, 100 percent Federal funds were provided to promote the rehabilitation of a greater number of beneficiaries.

Service Framework

Beneficiaries of both the SSDI and SSI programs must be selected for services in accordance with special selection criteria (SSC) established by the Secretary of Health, Education and Welfare. The Secretary established four SSC which limit services to those: (1) with impairments which are not so rapidly progressive to restrict earnings to a level not substantial enough to terminate benefits; (2) where medical improvement would not lead to benefit termination without rehabilitation services; (3) where the vocational goal would be substantial enough to terminate benefits; and (4) where the savings to the special funds would offset the cost of rehabilitation services.

To receive special funds for vocational rehabilitation, each State agency is required to submit an amendment to its State vocational rehabilitation plan that sets forth its policy and procedure for providing vocational rehabilitation services to beneficiaries under the Rehabilitation Act of 1973, as amended, and meets the conditions prescribed in the Social Security Act.

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Essentially, all applicants for SSDI and SSI benefits are considered for vocational rehabilitation services. Applicants who do not meet the special selection criteria mentioned earlier, but meet the eligibility requirements for VR services established in the Rehabilitation Act may receive such services from regular VR program funds (Section 110). In combination with the emphasis placed on serving selected beneficiaries or recipients with special funds (100%), this system has the effect of giving attention to all social security or supplemental security applicants for disability benefits.

CHARACTERISTICS OF CLIENTS REHABILITATED - 1978 DATA

Table 8 shows the mean (average) characteristics of SSDI and SSI beneficiaries who met the special selection criteria using the latest available data (FY 1978).

TABLE 8

MEAN CHARACTERISTICS OF REHABILITATED SSDI AND SSI CLIENTS 1978 DATA

Client Variables	SSDI	SSI
Weekly Earnings at Closure	$ 115.10	$ 90.30
Time in VR Process (months)	29.7	30.5
Cost of VR Services	$2,241.10	$2,484.90
Age at Referral (years)	35.2	28.9

Earnings at Closure

The average weekly earnings of SSDI beneficiaries meeting the special selection criteria surpassed those of severely disabled clients served under the Basic Program ($115.10 vs. $97.00). SSI recipients, who tend to have less work experience and formal education,achieved lower earnings per week ($90.30) at closure than either SSDI beneficiaries or those served under the Basic Program.

Cost of Services and Time in VR Process

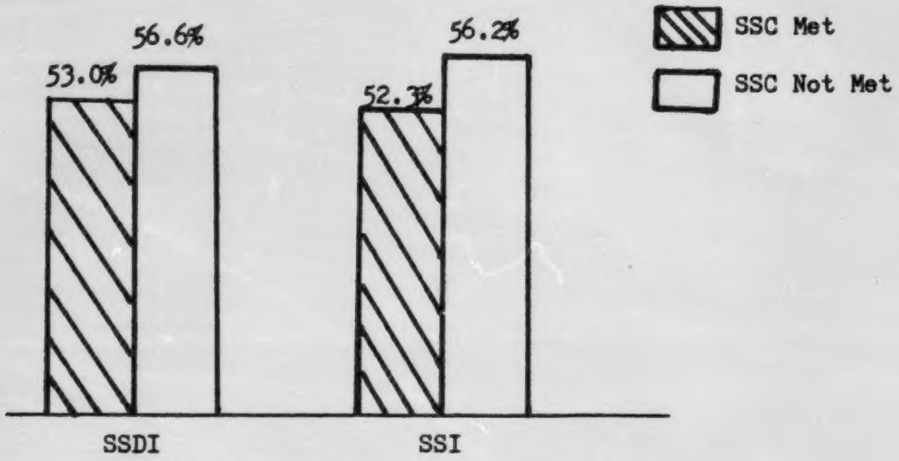
Beneficiaries who meet the SSC are rehabilitated at far greater cost in both money and time than all other clients. The beneficiary rehabilitated in FY 1978 who met the SSC spent an average of six to seven months longer in VR than all other clients and received services during that time at a cost significantly greater than the cost of services for non-beneficiaries who were severely disabled.

Rehabilitations

Assuming that competitive employment and weekly earnings at closure are valid measures of substantial gainful activity, clients who met the SSC for rehabilitation funding under the Social Security Act achieved a far greater level of real and potential substantial gainful activity than their counterparts who did not meet these criteria. At first glance, the opposite might seem true for both SSDI and SSI clients closed from VR in FY 1978, since as shown in Figure 1, clients who did not meet the SSC were more likely to be rehabilitated (homemakers included) than those who did meet them.

FIGURE 1

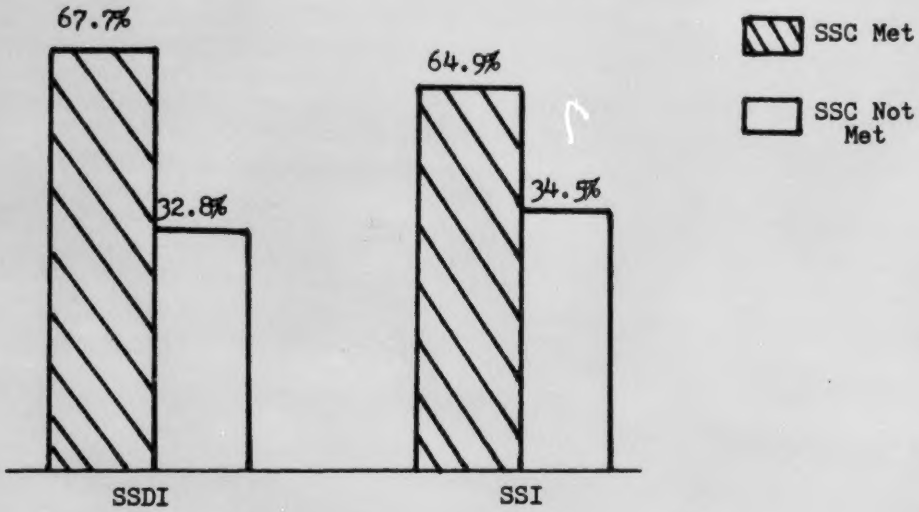
REHABILITATION RATES FOR SSDI AND SSI BENEFICIARIES



However, rehabilitation and substantial gainful activity are not the same. Services funded under the Social Security Act should be for clients who are likely to achieve lasting vocational and financial independence, resulting in a savings or, at least, no net cost to the Social Security Trust Funds or SSI Funds. Clients not expected to be competitively employed after services should be excluded. The selection of clients, in light of these principles, is effective. Social Security beneficiaries meeting the SSC were far more likely to be self-employed or employed competitively than those who did not meet the criteria as shown in Figure 2.

FIGURE 2

COMPETITIVE EMPLOYMENT RATE AT REHABILITATION CLOSURE FOR SSDI AND SSI BENEFICIARIES



Program Management

In keeping with the policy of DHEW to assure the accomplishment of the SSDI/SSI VR program objectives, the Rehabilitation Services Administration works in close cooperation with the Social Security Administration to administer all aspects of these programs. Actions recently completed or in progress have the objective of increasing the number of terminations from the SSDI and SSI rolls and limiting services with the special funds to those cases truly eligible. The RSA/SSA joint activities include determining the need for and recommending legislative changes, developing regulations, operating policies and procedures, developing fiscal and reporting procedures, providing program evaluation, review and monitoring, providing direction, leadership and guidance to the RSA and SSA Regional Offices and to the State agencies on the operation of the programs and providing liaison with and consultative activities to the States' Council Committee on Social Security Relationships and other organizations which impact on these programs.

Technical Assistance

Based on indications in the FY 1978 Program Administrative Reviews (PARs) of major problems or issues, technical assistance was provided to assist State VR agencies to meet or exceed performance standards and implement other PAR recommendations. While a few major issues were addressed in all State VR agencies, other critically important issues were evident in selected States and required the application of uniquely designed technical assistance to meet individual State needs. For example, development and issuance of manual and policy material needed to improve counselor performance, special orientation and consultation for a number of new State VR SSDI-SSI coordinators and improved VR-DDS-SSA DO relationships especially aimed toward increased performance. All regions reported a wide range of significant technical assistance accomplished. Most of this work focused on the individual needs of specific States. The primary modes of technical assistance were training and on-site (face-to-face) consultation followed by "mini reviews" of particular program requirements and other means, such as correspondence, desk reviews of State policy or manual material and the like.

Collocation Projects

RSA and SSA made a joint commitment to explore ways to improve the referral and rehabilitation process to the end that a greater number of disabled individuals will be returned to productive activity. Regional Offices, in conjunction with State VR agencies, implemented a series of projects to test the concept of early referral for VR services at time of application for cash benefits in the SSA District Office, with referral to be accomplished through the VR counselor collocated in the SSA District Office.

The counselor will: provide comprehensive information to disability applicants about VR services and benefits, initiate VR services as soon as possible, i.e. take an application for VR services and make arrangements for continuing the VR process through field counselors. Projects are in operation in eight regions and the others are awaiting funding.

REHABILITATION FACILITIES

Rehabilitation facilities are an indispensable resource in modern rehabilitation. Facilities provide the means for evaluating, treating and training severely disabled persons who otherwise could not be effectively rehabilitated.

There are many types of rehabilitation facilities, including comprehensive rehabilitation centers, speech and hearing centers, optical aids clinics, rehabilitation centers for blind persons, treatment centers for people with epilepsy, half-way houses for mentally ill and mentally retarded individuals and sheltered workshops. Among other things, workshops provide employment as an interim step in the rehabilitation process for those disabled people who cannot be readily absorbed in the competitive labor market or during such time as employment opportunities for them in the competitive labor market do not exist.

Some facilities are large, others are small. Some are operated by State and local governments, but most are operated by voluntary agencies. All disability groups, or only selected groups, may be served in a single facility. Regardless of the size of the facility, it plays an important role in rehabilitation. Without adequate facilities, the community is severely limited in its ability to meet the needs of its disabled citizens.

In FY 1978, the most recent year for which data are available, State vocational rehabilitation agencies spent $167,519,000 or 33.5% of their funds for services to individuals in rehabilitation facilities for diagnostic, evaluation, adjustment, treatment, training and other related rehabilitation services. The utilization of rehabilitation facilities is continually increasing. In 1977, these figures were $156,651,000 and 32.4%; in 1976, $144,000,000 and 31% and in 1975, $137,000,000 or 29.4% of expenditures for services to individuals.

In 1978, 203,414 clients received services in rehabilitation facilities or 20% of all clients served.

A comparison of utilization rates since 1967 illustrates sharp increases in the involvement of facilities in the State-Federal program of vocational rehabilitation. In 1967, only 65,000 clients of State agencies received facility services. This was 11% of all State clients receiving services in that year. Case service funds expended in rehabilitation facilities totalled $42 million. Over this 11 year period, there has been a 299% increase in expenditures and a 213% increase in the numbers of clients served in facilities.

Construction

Section 301(b) of the Rehabilitation Act provides for grants to States to assist in meeting the cost of construction of public or nonprofit rehabilitation facilities. In 1979, no funds were appropriated under this Section of the Act. Construction of rehabilitation facilities is also possible through the regular Section 110 program since State VR agencies can use up to 10% of the funds awarded for support of the basic State VR program for the construction of rehabilitation facilities. Under Section 110, State VR agencies may also remodel and renovate existing facilities utilizing the establishment authority. During 1978, $4,737,868. of Section 110 funds were spent for construction and $21,538,421. for the establishment of rehabilitation facilities which included renovation and remodeling of existing buildings.

Facility Improvement Grants

Section 302(c) of the Rehabilitation Act authorizes grants to public or nonprofit rehabilitation facilities or an organization or combination of such facilities to pay for the Federal share of cost of projects to analyze, improve and increase professional services to handicapped individuals, management effectiveness or any other part of the operation affecting the capacity to provide employment and services.

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RSA guidelines provide that the highest priority should be given to applications which will enable facilities to increase and improve services to the severely disabled. Rehabilitation facilities seeking assistance under this program work cooperatively with the State agency facility specialists in the development of applications which are related to the purpose and priorities established in the State plan for rehabilitation facilities.

During Fiscal Year 1979, 109 Facility Improvement Grants were awarded, with a total Federal expenditure of $2,423,774. About two-thirds of the funds were utilized for the employment of additional professional and technical personnel necessary to improve service delivery and operating efficiency. Approximately one-third of the grant funds were used for the purchase of specialized equipment for the performance of industrial contracts and the provision of training on modern machinery. In addition to those grants, which are under the direction of the regional offices, a small reserve has been utilized by the central office for projects of national significance.

The Commission on Accreditation of Rehabilitation Facilities (CARF) received a Facility Improvement Grant during 1979 for the development of new and revised standards relating to personal and social development programs, residential and group homes, halfway houses, independent living programs and psychological centers. During 1979, CARF received the recognition of President Carter and was commended for having significantly upgraded the delivery of rehabilitation programs over the past thirteen years.

Another award for a project of national significance was made to the Association of Rehabilitation Facilities. This project, known as the Workshop Industrial Development Enterprise (Project WIDE) is for the purpose of increasing the quality, quantity and reliability of workshop commercial production and service contracts. The project focuses on the development of a commercial and industrial counterpart to the Javits-Wagner O'Day program which is devoted to government contracting for workshop products and services.

During 1979, the name of the project was changed to "Industrial Network Services" as a more appropriate title in keeping with its objective of facilitating workshop and industry coordination. A "Workshop Capability Inventory" was developed and distributed. This inventory includes data from 500 workshops and plans call for its expansion to 2000 facilities. Target industries and companies will be selected for the initial marketing effort during the next year of the project. It is expected that purchasing by industry will be expedited; workshops will receive additional business income and the earnings, training and gainful employment of handicapped persons will be increased.

National Industries for the Severely Handicapped

National Industries for the Severely Handicapped (NISH), established in June 1974, with the assistance of a facility improvement grant from RSA, is the counterpart organization to National Industries for the Blind. Its purpose is to expand employment opportunities for non-blind severely handicapped individuals by increasing the capabilities of sheltered workshops to become eligible for priority consideration to receive government contracts for products and services under provisions of the Javits-Wagner O'Day Act.

NISH has two principal functions: (a) providing technical assistance directly to sheltered workshops to evaluate capability, determine feasibility of production of selected commodities or services, estimate requirements in terms of equipment, space, materials, manpower and financing and assist in establishing production systems and (b) initiating research and development of commodities and services which are feasible for production in sheltered workshops employing the non-blind severely handicapped.

On September 30, 1978, NISH reported that 578 sheltered workshops were certified to participate in this program. As of February 1980, this total is now 650. During the past year, the total value of commodities and services on the Federal procurement list that the government must purchase from severely handicapped persons under the Javits-Wagner O'Day Act increased by $5,000,000 and now totals over $25,000,000 a year. Two-hundred and fifty more jobs were created, bringing the total job stations to over 2,000.

Vocational Training Services Grants

Section 302(b) of the Rehabilitation Act provides for Vocational Training Services Grants for handicapped persons in rehabilitation facilities. These services are for the purpose of training in occupational skills with a view toward career advancement. Related services include work evaluation, work testing and the provision of occupational tools and equipment required by the individual to engage in such training and job tryouts.

The primary responsibility for the monitoring of these grants has been delegated to the Regional Offices. During the past year, emphasis continued on the following factors:

- Improving the utilization rate in order to reduce the average cost per person trained.

- Encouraging the State agencies to increase the number of handicapped persons referred to projects for service.

- Encouraging the State rehabilitation agencies to take a more active role in the monitoring of projects.

- Emphasizing the need to initiate or discontinue specific vocational training areas based on current employment opportunities.

During FY 1979, 16 projects were funded for a total of $1,659,177. These projects, primarily in sheltered workshops, served approximately 2,500 handicapped persons and rehabilitated over 1,500 handicapped persons. Fifty different types of training were offered. The facilities providing the training were required to review the labor market periodically to determine the relevance of the training offered to local employment needs. Training courses for which there are no current job openings are regularly eliminated and new courses substituted.

One of many examples of a successful Vocational Training Services project was at San Antonio Goodwill Industries. In a letter from the director, he gives credit to the project for "lifting the agency from a somewhat successful sheltered workshop serving marginally handicapped persons to a vocational rehabilitation facility with emphasis on serving severely handicapped persons. The project made it financially possible for Goodwill to enter training areas appropriate for our clients in which there were local labor shortages." In this project, the average monthly income of clients who completed training increased by 125%.

Technical Assistance

Technical assistance, an important program activity, is furnished directly or by contract with State vocational rehabilitation agencies or with experts or consultants to: (a) public and nonprofit rehabilitation facilities in matters of professional or business practice within the facility and (b) public and nonprofit agencies, institutions, organizations or facilities for the purpose of planning or effecting the removal of architectural and transportation barriers. Federal funds pay the entire cost.

In the past several years, $250,000 each year has been available for technical assistance resulting in about 300 consultations per year. Expert consultants provided assistance in such areas as cost accounting, contract procurement, safety, plant layout, work evaluation, time-study, fund raising and many other types of engineering and program services. The purpose of these consultations was, in many instances, to upgrade the capacity of workshops to enable them to produce commodities and services for the Federal government under the Javits-Wagner O'Day Act.

Comprehensive Rehabilitation Centers

The 1978 Amendments to the Rehabilitation Act of 1973 established a new Section 305 "Comprehensive Rehabilitation Centers" providing for the creation of focal points in communities for the development and delivery of services for handicapped persons. The concept of a comprehensive rehabilitation center in Section 305 is a flexible one and can be a combination or variety of facilities which the community determines will best achieve the result of enabling handicapped persons to receive needed services from all resources available.

Guidelines for this new program and an announcement of availability of $2,000,000 will be issued in 1980 and it is anticipated that grants will be made to ten State rehabilitation agencies (one per region). The State rehabilitation agency may, if it so elects, award a subgrant to a unit of local purpose government or to any other public or private nonprofit agency or organization.

Evaluation of Facilities through Data Reporting to RSA

During 1979, a project entitled "Development of a Model Federal/State Facilities Reporting System for Medical and Vocational Facilities" was funded partially through a Facility Improvement Grant. The project is concerned with the problem of adequate information to manage the expenditure of funds to facilities that receive payments for services from State VR agencies. During 1980, field testing will take place in 120 rehabilitation facilities in six States. The major products and materials that will be tested and made available for national dissemination and implementation include:

- A management information system which enables rehabilitation organizations to assess on a program **basis** who they are serving, benefits obtained and program efficiency.
- An inventory which profiles and describes significant dimensions of rehabilitation facilities.
- Accounting materials which will provide facilities with methods to better manage financial resources. These will incorporate the desirable features of the tested and operational cost allocation system developed by Region IV in order to provide comprehensiveness for the Facilities Management/Information System.
- Alternative approaches which describe ways in which contacts or working agreements can be established with rehabilitation facilities.

VOCATIONAL REHABILITATION FOR AMERICAN INDIANS

Analysis of Native Americans in the VR Program

A comparative analysis of the characteristics of Native American and other clients closed in FY 1978 VR programs revealed numerous factors that will assist in planning for this population.

Information for this report was drawn from RSA-300 data for Fiscal Year 1978 and from the report: Indian Giving: Federal Programs for Native Americans by Sar A. Levitan and William B. Johnston. The latter report was not chosen for its evaluation of Federal programs, but for the wealth of data it contained on Indian population, health and social and economic well-being and the authors' general observations on the Indian population.

Locating Disabled Native Americans

Probably the single greatest problem facing VR in providing services to Native Americans is locating the disabled persons in this population, especially those living on or near reservations.

Levitan and Johnson point to the greater needs of the reservation Indians by comparing income and education data from the 1970 Census for the two largest tribes in the United States, the Navaho and the Cherokee. They note that the Navaho tribe resides mostly on or near reservations and participates little in White society. Median education in 1970 was 5.3 years, median family income was $3,400. "By contrast," they note, "few of the second largest tribe, the Cherokee, live on their reservation in North Carolina. With 10.4 median years of school and a median family income of $6,400., the Cherokee are clearly far more assimilated into the social and economic mainstream."

There are indications in RSA-300 data for Fiscal Year 1978 that this "level of assimilation" does impact on exposure of Indians to VR services. Table 9 shows the ten States with the largest Indian populations in the United States and the ten State VR agencies with the largest number of Indian clients closed in FY 1978 (rehabilitated, not rehabilitated and not accepted). To continue the Cherokee/Navaho example (noting first that the Cherokee are predominantly located in North Carolina and the Navaho in Arizona, New Mexico and Utah), North Carolina, which ranked only sixth in total Indian population in 1970, ranked second in number of Indians closed from VR in FY 1978 and recorded more rehabilitations of Indian clients (206) than the other three States combined (192). The combined total 1970 Indian population of Arizona and New Mexico alone was almost four times greater than that of North Carolina and both States ranked higher than North Carolina. However, Arizona only ranked ninth in number of Indian clients closed from VR in FY 1978 and New Mexico was not among the top ten State agencies.

TABLE 9

STATE RANKINGS (TOP 10) OF INDIANS CLOSED FROM VR IN FY 1978 AND THE 1970 CENSUS ON THE INDIAN POPULATION

Indians Closed in FY 1978			1970 Census Indian Population	
Rank	State Agency	Number	State	Number
1	Oklahoma	751	Oklahoma	98,468
2	North Carolina	577	Arizona	95,812
3	Washington	425	California	91,018
4	Alaska	397	New Mexico	72,788
5	Minnesota	323	Alaska	50,276 *
6	California	313	North Carolina	44,406
7	Montana	311	Washington	33,386
8	North Dakota	267	South Dakota	32,365
9	Arizona	252	New York	28,355
10	South Dakota	220	Montana	27,130

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* Includes 34,000 Eskimos and Aleuts, who were not classified as American Indians in the 1970 Census, but who must be included for comparability with the Native American grouping used by VR.

VR Services

VR service patterns for Native Americans rehabilitated in FY 1978 were substantially different than those for other clients, but judging by the relatively positive outcomes, the differences seem to be effective. Indians were less likely than most other clients to receive most services, including diagnostic and evaluation, restoration, selected types of training (business school, other academic and personal and vocational adjustment) and "other" services. They were more likely than other minority group clients to receive college or university training and substantially more likely than all others to receive vocational school and on-the-job training. Consistent with their already observed dependence on public support at referral is the fact that they were also more likely to receive maintenance services than other clients.

In terms of time in service and cost of case services, figures for Indians rehabilitated in FY 1978 were lower than for other clients, but the differences were less than substantial. It is likely that most of the differences, especially in terms of cost were due to the fact that a substantially smaller proportion of Indian clients were severely disabled. On the average, Indians spent about half a month less than other clients in VR (22.7 months compared with 23.1 for all clients). The average cost for services was about ten percent less for Indians than for all clients. It should be noted that the median case service cost for Indian clients was far more in line with those for other clients than was the overall average (mean).

Outcomes of VR Services

For rehabilitated Indian clients, the outcome of services compared favorably with that for all other clients. Indian clients were slightly less likely to obtain competitive employment than others; however, the weekly earnings at closure of those who were competitively employed were as good as any. The average for Indians was $110 which was slightly below that for Whites and other races, but this figure includes the higher proportion of Indians with no earnings. The significant indicator is that Indian clients were just as likely as Whites to earn over $200 weekly and 40 percent earned $125 a week or more.

The major problem that clouds the relatively successful outcomes for rehabilitated Indian clients is that Indian clients overall were less likely than others to be rehabilitated.

Table 10 shows the comparative rehabilitation status by race of clients closed in FY 78.

TABLE 10

ACCEPTANCE AND REHABILITATION STATUS BY RACE: CLIENTS CLOSED IN FY 1978

		RACE			
	TOTAL	INDIAN	BLACK	WHITE	OTHER
Active Cases Closed	447,795	2,958	93,574	346,228	5,035
Rehabilitated	291,118	1,633	56,472	229,878	3,135
Percent	65.0	55.2	60.4	66.4	62.3
Not Rehabilitated	156,677	1,325	37,102	116,350	1,900
Percent	35.0	44.8	39.6	33.6	37.7

Summary

The greatest problems that face VR in the effort to improve services to Native Americans are ones that relate more to the potential client's status as an American Indian than to disability status. The Indian population on reservations, including the disabled population, is not conveniently located for easy participation in general Federal and State programs; they are usually dispersed in large rural areas. If there is any single, important step that RSA should consider in order to improve VR services to Native Americans, that step is developing ways to take VR to the reservation Indians. It is not likely that they will or even can come to VR in significant numbers.

PROGRAM DEVELOPMENT ACTIVITIES

PROGRAM DEVELOPMENT ACTIVITIES

The Office of Program Development within RSA encompasses programs of training, special projects for severely disabled persons, institutes on rehabilitation issues, independent living and program and project evaluation. The focus is on strengthening and improving the service delivery system under the Rehabilitation Act of 1973, as amended. The Office combines what has previously been diverse elements into an integrated system for impacting on the rehabilitation and habilitation programs.

Funding of Program Development Activities

The total appropriation for Program Development Activities in FY 1979 was $69,578,000. The increase in appropriations to $69,578,000 from the $64,078,000 appropriated in FY 1978 permitted expansion of the Client Assistance Projects and a new program in Independent Living. The distribution of the total appropriation is shown as follows:

	1978	1979
Special Projects	$ 7,048,000	$ 7,048,000
Migratory Farm Workers	1,530,000	1,530,000
Projects with Industry	4,500,000	4,500,000
Business Opportunities	--	--
Client Assistance Projects	1,000,000	3,500,000
Innovation - Expansion	17,000,000	18,000,000
Rehabilitation Training	30,500,000	30,500,000
Project Evaluation	2,500,000	2,500,000
Independent Living	--	2,000,000
	$64,078,000	$69,578,000

SPECIAL PROJECTS FOR SEVERELY DISABLED INDIVIDUALS

FEDERAL FUNDS - $7,048,000

Section 311(a) (1) of the Rehabilitation Act of 1973, as amended, authorizes grants to support projects devoted to the expansion and improvement of rehabilitation services for severely disabled people, including those handicapped by blindness, deafness and spinal cord injuries. During the first three years that this grant program was in operation, from FY 74 through FY 76, all projects served these three disability groups and in subsequent years, the scope of the projects has been expanded to additional categories of severely disabled individuals.

In FY 79, four new projects for persons severely handicapped by mental illness were initiated, with funds made available for three of them by a transfer of money from NIMH to RSA. Two new projects for blind individuals were also funded as well as single projects for people handicapped by deafness, mental retardation and multiple sclerosis.

At the close of FY 79, Special Projects for Severely Disabled Individuals were active in the following disability areas, the number of projects being indicated parenthetically: blindness (8), cerebral palsy (2), deafness (6), epilepsy (2), mental retardation (1), mental illness (9) and spinal cord injury (14).

HANDICAPPED MIGRATORY AGRICULTURAL AND SEASONAL FARMWORKERS

FEDERAL FUNDS - $1,530,000

Legislative Authority

Authorized by Title III, Section 312 of the Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978, this discretionary grant program has the basic purpose of expanding vocational rehabilitation services for handicapped migratory agricultural and seasonal farmworkers and to members of their families who are with them (whether or not disabled) when such services contribute to the rehabilitation of the agricultural worker. Project activities are coordinated with other Federal resources for the target population, including those administered by the Department of Labor, Public Health Service and the Office of Education. The only applicants eligible for grants of this kind are State rehabilitation agencies.

Goals, Objectives, Purposes

The goal of these special projects or demonstrations is to provide vocational rehabilitation services to migratory workers which will enable them to acquire new work skills and thereby become qualified to obtain employment in other areas, or "settle out" (obtain permanent employment) and leave the migrant stream; or to provide treatment necessary for the client to continue as a migratory or seasonal farmworker

Program objectives include the following: cooperation with local programs of the Department of Labor, Public Health Service, Office of Education and other appropriate public or nonprofit agencies and organizations having special skills and experience with migratory workers; development of or expansion of effective vocational rehabilitation services for handicapped migratory agricultural and seasonal farmworkers; encouraging State vocational rehabilitation agencies to absorb expanded services to migratory workers into ongoing programs of basic support services when projects are terminated.

Planning Activities Designed to Bring Objectives About

In order to attain program objectives, plans were made for projects to be located in areas through which the largest number of migratory workers would be concentrated during the harvest season. Since clients are highly mobile, employed in remote rural areas, and are frequently illiterate in Spanish and English, it was necessary to develop innovative methods and techniques to serve them.

Such methods included hiring Hispanic Project Directors and staff, provision of vehicles or carfare for transportation of workers from farms to VR offices, clinics and other services. Targeted as they are on disadvantaged and disabled migratory and seasonal agricultural workers, most of whom are of Hispanic origin, these projects relate significantly to the HEW Hispanic initiative.

Description of the Activity, Including Statistical and Financial Information

At the close of FY 79, there were 14 active projects in this program located in the following states: Arizona, Florida, Georgia, Idaho, Illinois, New Jersey, New York, Puerto Rico, Texas (2 projects), Utah, Virginia, Washington and Wisconsin. The majority of persons served in these projects were of Hispanic background, with the exception of Florida which served a majority of Black seasonal farmworkers. In FY 80, it is expected that nine projects initiated in prior years will be continued and that four or five new or competing continuations will be funded, depending on the results of peer review subsequent to an announcement on the availability of grants in this program. In FY 79, nearly three hundred migratory and seasonal farmworkers were rehabilitated. It is anticipated that funding will remain at the 1979 level of $1,530,000.

Progress to Date

These projects are pioneering and are the "cutting edge" in expanding VR services to migratory and seasonal farmworkers. Due to the unique characteristics of this target population (high mobility, remote rural employment, illiteracy,high rate of staff turnover, etc.) providing VR services to them has sometimes been very difficult. In order to assist in the expansion of services to this group, four national conferences have been held in Washington, D.C., San Antonio, San Jose and at Rutgers University in New

Jersey. These meetings were attended by Project Directors and their staffs, Federal and State officials, migratory workers and representatives of these organizations. A forum was provided by the conferences where information could be exchanged, problems and how to cope with them could be discussed and new techniques could be considered. Such discussions enabled the projects to learn about and assess new methods which would facilitate serving their clients. We have progressed from nine projects, when funds were first made available in 1974, to 14 projects in FY 1979 and projects are now located in eight Regions.

Overall Assessment of the Activity

Projects have been meeting the needs of migratory workers by making available expanded vocational rehabilitation services to this target population. The national conferences have provided helpful information and future plans include excerpting highlights of the proceedings into a publication containing information on migratory and seasonal farmworkers that will be a valuable resource to State rehabilitation agencies. The projects have generated a climate of goodwill toward RSA among Hispanics and their organizations and should continue to be of great assistance in implementing HEW's Hispanic Initiative.

PROJECTS WITH INDUSTRY

FEDERAL FUNDS - $4,500,000

Projects with Industry (PWI) is a major private business initiative involving corporations, labor organizations, trade associations, foundations and voluntary agencies which operate through a partnership arrangement with the rehabilitation community to create as well as expand job opportunities for handicapped people in the open competitive labor market. As part of this program, training is provided for jobs in a realistic work setting, generally within a commercial or industrial establishment, coupled with supportive services to enhance pre- and post- employment success of handicapped people in the marketplace.

This successful, private sector effort on behalf of handicapped people is authorized under Section 621 of the Rehabilitation Act, as amended. PWI is predicated upon the premise that business and industry accept a senior responsibility for leadership and management of the project. Because of this, the program is infused with a true marketplace philosophy in which business principles and practices govern the methodology of operations. Consequently, productivity, cost-effectiveness, marketing, management by objectives and other appropriate techniques are used to maximize results in the business arena.

The Advisory Council, which is required for each project, provides the mechanism for members of the private sector to participate in policy making decisions. This active involvement affords business and industry the opportunity to provide significant input into the design and character of training programs needed to fill essential jobs in the marketplace. Training, therefore, is geared to existing job needs. Consequently, more than 75% of trainees succeed in being placed in permanent jobs in business.

In FY 1979, 6,500 disabled individuals, most of whom were severely disabled, received services under this program. Three fourths of these individuals, or about 5,000, were placed in jobs in the competitive labor market. Over 50 projects affiliated with more than 2,500 private corporations were funded.

The quality of jobs obtained through this partnership is generally of a high level, ranging from service type positions to those that are highly technical and managerial. IBM is training severely disabled people for jobs in data processing and computer technology. Arkansas Enterprises for the Blind is training blind people for jobs as information specialists in large corporations as well as the U. S. Civil Service Commission. The Electronic Industry Foundation is arranging for the training and placement of handicapped individuals in the electronics industry. The Human Resources Institute of AFL/CIO is training large numbers of handicapped people for jobs in union-related firms. The National Restaurant Association prepares handicapped people for all types of jobs in restaurants throughout the nation.

BUSINESS OPPORTUNITIES FOR HANDICAPPED INDIVIDUALS

The challenges and opportunities of participating as an entrepreneur in the marketplace are options few handicapped people experience because of limited resources, both financial and technical. To remedy this situation, in some respect, a new authority, under Section 622, has been enacted in the 1978 amendments to the Rehabilitation Act. It provides that handicapped individuals, certified by the designated State Units, may be eligible to receive a grant and/or contract to establish or operate a commercial or other enterprise to develop or market their products or services.

This significant new Federal Initiative for which an initial set of program regulations were completed in Fiscal Year 1979, is attracting broad support by the handicapped community. Although the program has not yet been funded, other Federal agencies, particularly the Small Business Administration of the Department of Commerce, will eventually collaborate in this effort. Also, private industrial firms and other voluntary groups will be invited to contribute both technical and financial resources to maximize results.

It is expected that handicapped people, through enterpreneurial participation in the marketplace, will contribute to the economic well being of the community as well as enhance the quality of their own lives.

SPECIAL RECREATION PROGRAMS

Authorized by Title III, Sections 316 and 311(a)(3) of the Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978, these discretionary grant programs provide for recreational programs for handicapped individuals and the construction of facilities to demonstrate methods of making recreational activities fully accessible to such individuals.

However, neither of these two sections has received any appropriations from the Congress to implement their provisions.

CLIENT ASSISTANCE PROJECTS

FEDERAL FUNDS - $3,500,000

Legislative Authority

Client Assistance projects are authorized in Section 112 of the Rehabilitation Act of 1973, as amended. The Amendments of 1978 authorized that appropriations should be a minimum of $3.5 million for each year and removed prohibition on the number of projects which may be supported at any one time. There were 36 projects in operation during 1979 (see appendix).

Goals, Objectives, Purposes

These projects have the common goal of improving the Federal/State Vocational Rehabilitation Program by providing ombudsmen as advocates to work directly with handicapped clients, or applicants, of the State agencies.

Projects may assist clients to pursue a grievance to the level of the State VR Administrator. Advocacy rather than adversary relations are encouraged to bring about constructive changes in the service delivery system. Problems such as delays in service, interruption of services, unsatisfying job placement and interpersonal disagreements have been identified frequently.

These grants may only go to State vocational rehabilitation agencies, including those especially designated for serving the visually impaired. The primary purpose is to identify individual complaints or problems and seek a resolution. This process often leads to adjustment of a general administrative policy which can benefit others. There is a goal of establishing a CAP project in every agency.

Planning Activities Designed to Bring Objectives About

Projects have been funded in geographically dispersed regions throughout the United States and innovative methods for serving clients have been encouraged. The availability of an ombudsman is announced in the project area and interagency cooperation is promoted. Federal Regional Office staff monitor progress and provide technical assistance where needed. Communication between projects is encouraged and some initial management training is provided to staff.

Description of the Activity, Including Statistical and Financial Information

Problems or complaints coming from clients in the project area are referred to an ombudsman for investigation. Individualized solutions are pursued and program information is disseminated and interpreted, where necessary. At times, the clarification of information or procedures is sufficient to solve a complaint. At other times, formal grievances are prepared with the advocate's help which may even include legal counseling and representation.

Outreach to underserved populations is attempted to ascertain if rehabilitation services are desired or if previous service outcomes were satisfactory. Professional negotiating between the ombudsman and agency officials often resolves issues and produces desirable policy changes. The project funds are used essentially to support counseling services and outreach. All rehabilitation services which may be indicated are secured through the regular VR agency channels. Approximately 7,000 persons received direct services from the projects during the year.

Progress to Date

The number of States which desire to operate these projects rose dramatically in 1979 from 20 to 36 after the law was amended, permitting expansion following the pilot phase. Several projects have increased their coverage and outreach to become Statewide and some States have continued projects without Federal funding. It is anticipated that virtually all States will eventually institutionalize it into the basic service delivery system.

Overall Assessment of the Activity

A standardized data collection system has been developed and is expected to be implemented this coming year which will assist in the first objective evaluation of the program, nationally. Each project provides for an internal evaluation, usually taking the form of satisfaction surveys of clients and counselors. Annual reports from projects indicate this approach to individual problem solving is expeditious and consequential for future client welfare also.

INNOVATION AND EXPANSION PROGRAM

FEDERAL FUNDS - $18,000,000

The Rehabilitation Act authorizes grants to States to pay 90 percent of the cost of projects that will plan, prepare for and initiate special programs to expand vocational rehabilitation services to the most severely disabled individuals including those severely disabled individuals who have unusual or difficult problems in connection with their rehabilitation. Particular emphasis is placed on the disabled poor who require multiple agency involvement in their treatment, education and rehabilitation. The Innovation and Expansion Program (I&E) furnished the State rehabilitation agencies with the unique opportunity to develop and devise creative approaches and methods which deliver prompt and effective services to those persons who are severely disabled, yet able to become employable.

For Fiscal Year 1979, Congress made $18 million available to the States for these special projects. Approximately $1.8 million was contributed by State VR agencies and participating non-profit agencies and organizations to match the sum made available by Congress, making a total of $19.8 million spent on such projects in Fiscal Year 1979. All I&E projects were approved by State agencies, with technical review by RSA Regional Offices. Funds are allotted to States based on a formula in the Act.

The majority of the 355 projects active in FY 79 were funded for three years and the average annual grant award was $43,000. Although many projects are developed and administered by State rehabilitation agencies, the majority of projects are sponsored by rehabilitation facilities and other kinds of community agencies. All projects are encouraged to cultivate sources of support which will enable the activities carried out under the project to be continued after I&E support is concluded.

Each I&E project must have an evaluation component to measure the impact and outcome of project services. Project goals are monitored by State agencies and RSA Regional Office staff with assistance from RSA Central Office to determine progress made toward achieving established objectives.

Revised program guidelines, based on experiences during the past five years, were prepared and distributed in FY 79.

As permissible by law and Federal regulations, the Commissioner of RSA has established priority project goals for up to 50 percent of each State's allotment. Two program priorities have been established which must be addressed by I&E projects within the States. States are required to develop projects which address: (1) improvement of services to effect optimal client placement and/or (2) improvement of methods for referrals, client processing and evaluation of rehabilitation potential.

The Arkansas Research and Training Center prepared, printed and distributed four issues of a bi-monthly publication which summarized essential features and results of innovative projects that had national implications. The third issue reported the results or the highlights of projects which were primarily concerned with job placement. Approximately 2,500 copies were widely disseminated to potential users of the program information.

The National Rehabilitation Information Center at Catholic University in Washington, D.C. receives a copy of final project reports and makes such information available on request. This is part of a continuing effort to utilize the results of innovative projects that have national implications.

REHABILITATION TRAINING

FEDERAL FUNDS - $30,500,000

Rehabilitation training grants are authorized by the Rehabilitation Act of 1973, as amended, to ensure that skilled workers are available to provide the broad scope of vocational rehabilitation services needed by severely handicapped people served by vocational rehabilitation agencies and rehabilitation facilities.

Under Section 304(a) of the Act, grants may be made to, and contracts may be made with, States and public or non-profit agencies and organizations, including institutions of higher education, to pay part of the cost of projects for training, traineeships and related activities. In addition, under Section 12(a) of the Act, contracts may be awarded to provide short-term training and instruction in technical matters relating to vocational rehabilitation services.

Areas of Training

Grants awarded under the rehabilitation training program include:

1. Long-term training in the broad range of established rehabilitation professional fields identified in the Rehabilitation Act, including rehabilitation medicine, rehabilitation nursing, rehabilitation counseling, rehabilitation social work, rehabilitation psychiatry, rehabilitation psychology, physical therapy, occupational therapy, speech pathology and audiology, rehabilitation facility administration, prosthetics and orthotics, therapeutic recreation, vocational evaluation and work adjustment, rehabilitation job placement and job development, specialized training in providing services to the blind, the deaf and the mentally ill and training in other fields contributing to the rehabilitation of severely handicapped people;

2. Special training projects of an experimental or innovative nature which are designed either to train new types of rehabilitation manpower or to demonstrate innovative training techniques;

3. Short-term training workshops, seminars, institutes or other short courses in areas of special priority to the State/Federal vocational rehabilitation services program;

4. Continuing education programs to upgrade the skills of rehabilitation workers employed in both public and voluntary rehabilitation agencies;

5. In-service training for State vocational rehabilitation agency personnel; and

6. Research fellowships for individuals undertaking special advanced research efforts in vocational rehabilitation.

Training Grant Support in FY 1979

An estimated breakdown of rehabilitation training grant support for FY 1979 is provided in Table 11. Also shown in this table are the estimated number of projects and number of trainees.

TABLE 11

TRAINING GRANT SUPPORT

Category	1978 Total Funds (Thousand)	1979 Total Funds (Thousand)	(Est.) Number of Projects	(Est.) Number of Trainees
LONG-TERM TRAINING IN ESTABLISHED REHABILITATION DISCIPLINES				
Rehabilitation Counseling	$ 7,860	$ 5,862	80	930
Rehabilitation of the Blind	793	868	9	100
Rehabilitation of the Deaf	1,128	1,026	10	110
Rehabilitation Facility Admin.	1,488	1,620	13	620
Vocational Evaluation	750	902	10	220
Undergraduate Education for Rehabilitation Services	809	878	27	-
Rehabilitation Medicine	4,275	3,896	56	305
Occupational Therapy	565	529	24	100
Physical Therapy	618	655	26	125
Prosthetics-Orthotics	954	1,048	7	180
Speech Pathology and Audiology	1,589	1,351	50	220
Other	1,245	1,996	16	320
Sub-Total	$22,074	$20,631	328	1,230
EXPERIMENTAL & INNOVATIVE TRAINING	$ 690	$ 1,622	18	190
STAFF DEVELOPMENT & TRAINING FOR EMPLOYED REHABILITATION WORKERS				
Rehabilitation Continuing Education Programs	$ 2,658	$ 3,171	18	2,365
State VR Agency In-Service Training	2,593	2,792	78	-
Total Long-Term Training	$28,015	$28,216	442	5,785
Short-Term Training	2,262	1,846	54	1,850
RESEARCH FELLOWSHIPS	109	97	7	7
GRAND TOTAL	$30,386	$30,159	503	7,642

Emphasis of Long-Term Training Programs

In FY 1979, emphasis continued to be placed on improving the quality of ongoing training projects in each professional field and ensuring that all projects reflected a direct and substantial focus on preparation of personnel for the provision of rehabilitation services to severely handicapped persons.

Training projects in the field of rehabilitation counseling not only continued to emphasize service to the most severely disabled individuals but also focused on improving the preparation of counselors for assuming professional responsibility for the job placement of clients as well as developing skills in the areas of job analysis and job development. Training projects in such health related rehabilitation fieldsas physical therapy, occupational therapy, therapeutic recreation and speech pathology and audiology provided a special opportunity for student exposure to the State/Federal vocational rehabilitation program and the rehabilitation process.

As job demands for skilled vocational evaluation and work adjustment specialists continued to expand in 1979, training opportunities in this area of professional practice were enlarged. In addition, two projects for the training of job placement specialists with handicapped individuals were initiated at Drake University and East Central Oklahoma State University in response to the identification of this new field of rehabilitation practice under the Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978.

Special Innovative Training

A number of special innovative training projects were also initiated in 1979 and these projects will be pointing the way to new approaches for training rehabilitation workers. Among these Special Projects were the following:

- A project at the University of Virginia for the training of rehabilitation engineering personnel.

- A project at Boston University for the training of rehabilitation counselors in industry based settings.

- A project at 916 Vo-Tech Institute in Minnesota for the development of special training materials for prosthetists and orthotists.

- A project at Memorial Hospital in Providence, Rhode Island for exposing family practitioners to the principles of rehabilitation medicine.

- A project at the University of Guam for the training of rehabilitation counselors uniquely qualified to meet rehabilitation service needs in Guam and the Pacific Islands.

- A project at the Navajo Community College to train Navajo persons to assume professional counselor responsibilities in serving handicapped American Indians; and

- A group of interrelated training projects at Franklin Institute and the University of Washington for training dentists and dental support personnel skilled in providing dental services to severely handicapped persons.

State Vocational Rehabilitation Agency In-Service Training

Training supported under the State vocational rehabilitation agency in-service training grant program focuses primarily on program areas essential to each agency's immediate operation including training to correct deficiencies identified in audits and other studies of the State program. Seventy-seven grants were awarded to State agencies in 1979 and training emphasis was on the determining of eligibility, the improved use of the Individualized Written Rehabilitation Program, placement of the severely handicapped, the improved provision of service to special populations such as deaf and mentally ill individuals and case documentation.

Rehabilitation Continuing Education Programs

The Rehabilitation Continuing Education Programs train newly employed personnel in basic knowledge and skills and assist experienced personnel to upgrade skills and develop mastery of new developments in the field of rehabilitation. The Rehabilitation Continuing Education Programs also provide training for staff of private rehabilitation agencies and facilities. The training provided under this program focuses on meeting needs common to a multi-State georgraphical area. Training priorities during 1979 were in the areas of case management, supervisory skills and specialized training in providing service to individuals with certain severe disabilities. Training for rehabilitation facility personnel has generally emphasized several aspects of management training.

The following Rehabilitation Continuing Education programs provided training in 1979:

University of Arkansas
Arkansas Rehabilitation R&T Center
Fayetteville, Arkansas

University of Northern Colorado
School of Special Education
  and Rehabilitation
Greeley, Colorado

Assumption College
Institute for Social and
  Rehabilitation Services
Worchester, Massachusetts

San Diego State University
Department of Counselor Program
San Diego, California

University of Hawaii
Department of Educational Psychology
  Counseling and Guidance
Honolulu, Hawaii

Multi-Resource Centers, Inc.
Minneapolis, Minnesota

University of Missouri
College of Education
Columbia, Missouri

University of Oklahoma
Continuing Education and Public
Service
Norman, Oklahoma

University of Tennessee
Department of Special Education
and Rehabilitation
Knoxville, Tennessee

Virginia Commonwealth University
Richmond, Virginia

State University of New York
at Buffalo
Buffalo, New York

University of Texas Health Science
Center
School of Allied Health Sciences
Dallas, Texas

Virginia Department of Vocational
Rehabilitation
Richmond, Virginia

Seattle University
Department of Rehabilitation
Seattle, Washington

Rehabilitation Short-Term Training

In FY 1979, the rehabilitation short-term training program was again administered under a General Plan which identified priorities for short-term training of both national and regional scope.

Among the short-term programs of national scope awarded grants in FY 1979 were:

- A project to be conducted by the American Coalition of Citizens with Disabilities concerned with the effective implementation of the independent living rehabilitation service programs.
- Projects to be conducted by the Texas Institute for Rehabilitation and Research and the American Foundation for the Blind concerned with different aspects of training personnel to be engaged in providing independent living rehabilitation services.
- A project to be conducted by the Navajo Community College for training representatives of American Indian tribes and State vocational rehabilitation personnel to increase their capacity for providing vocational rehabilitation services to handicapped American Indians residing on Federal or State reservations.
- A project to be conducted by the Massachusetts Rehabilitation Commission to train State agency staff to improve their assessment of severely disabled applicants for vocational rehabilitation service through the use of the Functional Assessment Profile.
- A project to be conducted by the West Virginia Division of Vocational Rehabilitation focusing on improving the preliminary diagnostic study for applicants for vocational rehabilitation service through a better use of case recording requirements to support service decisions.

- A project at the University of Michigan to train State vocational rehabilitation agency personnel to plan and deliver vocational rehabilitation services to special groups of severely disabled individuals.

- A project to be conducted by the San Diego State University to provide training on special aspects of vocational rehabilitation service delivery to deaf-blind individuals.

- A project to be conducted by the National Association of Non-White Rehabilitation Workers to focus on recruiting, training and employing increased numbers of persons from minority groups in the rehabilitation professions.

- A project to be conducted by Baruch College to improve placement services for blind and visually handicapped persons in computer related occupations.

Application Review by Non-Federal Experts

The utilization of non-Federal experts in the review of applications for rehabilitation training grant support was continued in FY 1979. Approximately 85 experts from the different professional rehabilitation fields consulted in the review of applications for Federal training grant support and made recommendations concerning the technical merit of individual training applications and general policy matters affecting the administration of the rehabilitation training program. Members of the peer review groups were broadly experienced experts in the training of rehabilitation personnel in various professional fields from throughout the country and included employees of State vocational rehabilitation agencies, members of minority groups and handicapped persons.

INSTITUTE ON REHABILITATION ISSUES

In the 1940's, the Vocational Rehabilitation Administration, the predecessor agency to the Rehabilitation Services Administration, in cooperation with State rehabilitation agencies, developed a coordinated method for the production of staff development materials. This cooperative work activity brings together personnel from the State agencies, the RSA, voluntary agencies and selected Research and Training Centers, and is presently called the Institute on Rehabilitation Issues.

Topics are suggested by RSA and the State agencies. A planning committee composed of staff from State agencies, RSA, the National Institute of Handicapped Research and various public and private agencies determines the particular topics to be assigned to prime study groups. Each study group is sponsored by a Research and Training Center.

The study groups, based on charges developed by the planning committee, prepared documents which were presented and critiqued at the Sixth Institute on Rehabilitation Issues held in San Antonio, Texas, June 5-7, 1979. Following the annual meeting, the material was revised and will be printed and widely distributed.

During FY 1979, three topics were studied which have an important relationship to the Rehabilitation Act of 1973. Topics and the sponsor of the study groups were:

(1) Topic: Adjustment Services in Vocational Rehabilitation
Sponsor: University of Arkansas Research and Training Center

(2) Topic: Rehabilitation Engineering
Sponsor: University of Wisconsin-Stout Research and Training Center

(3) Topic: Techniques for Working in the Community
Sponsor: University of West Virginia Research and Training Center

The greatest impact of the Institute workshops has been through the direct efforts of the hundreds of State rehabilitation workers who have served on the study groups. Through staff training programs, revised manuals of casework, daily contacts with directors, supervisors and counselors, these participants communicate to literally thousands of others the techniques, the procedures and the ideas developed in the course of the workshops.

PROGRAM AND PROJECT EVALUATION

FEDERAL FUNDS - $2,500,000

The legal basis for program evaluation can be found in two sections of the Rehabilitation Act of 1973 and subsequent strengthening amendments. The particular citations for evaluation are: Section 14 and Section 101 (a) (15). The first reference is an authorization for the Federal government to measure and evaluate the impact of all programs under the Act including "their general effectiveness in achieving stated goals, and their effectiveness in relation to their cost..." The latter section references program evaluation for State vocational rehabilitation agencies by requiring State plans to include "continuing State-wide studies of the needs of handicapped people and how these needs may be most effectively met ..."

Program evaluation, in its earlier days within the Rehabilitation Services Administration, focused on projects in an evaluative research mode following the preference of the Social and Rehabilitation Service, its umbrella agency at that time. Evaluation focused on such issues as: VR Cash Assistance and Medical Assistance Practices, Measurement of Impact of Non-Employment Outcomes, Impact Evaluation Based on Self-Support Objectives.

Later, the focus for the assessment of program effectiveness and efficiency included program administrative review (PAR) types of projects. These field assessments do not require a high level of scientific rigor as needed in evaluative research projects. Thus, findings on program changes are more susceptible to question and challenge. A feature of PARs is that they are conducted by a Federal staff and not carried out through a non-Federal grantee or contractor. Because Federal staff conduct PARs, those charged to administer the programs under review are able to participate in the assessment, thereby gaining first hand knowledge not directly applied when the program evaluation is done by non-Federal personnel. The weakness is that the manager is also the evaluator. Some PARs included: The Individualized Written Rehabilitation Program; Similar Benefitsand Economic Need; and Post Employment Services.

Concurrent with the emphasis on PARs, evaluation projects were undertaken to assess discretionary components of programs supported under the Act. Some of the discretionary programs and projects evaluated include: Evaluations of RSA's Long-term and Short-term Training Programs, Facility Improvement Grants Program, Client Assistance Program, Projects with Industry and evaluations of the Rehabilitation Engineering Centers Program and the Research and Training Centers Program.

As evaluations were developed during the period FY 74-76, the agency discovered that information necessary for evaluation was not adequate in areas where it was available and that in some areas such as facilities

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and physical restoration services where large sums of money were being spent, information was virtually non-existent so that the types of assessment planned could not be conducted. In order to rectify this situation, RSA began to design certain management information systems, having carefully planned capacity for evaluation, in 1976. Discretionary evaluation, principally the kind done prior to this time, had the main limitation of being primarily one time assessments and retrospective in nature. With information systems designed for that purpose, among others, the agency can conduct continuous evaluations, provide management quick and sound analyses on program performance, allow for program comparison over time and, equally important, facilitate the conducting of practically any type of evaluation desired. In the near future, this will include simulations, for example, of the effect of proposed policy changes.

The Client Assistance Program Assessment produced the first evaluation information system in 1978. Other program areas in which information systems are being developed include long term training, services for the blind, services for the deaf, financial management, habilitation services for developmental disabilities and the program standards for vocational rehabilitation and developmental disabilities. A general management information system covering all RSA supported projects and programs is underway and will incorporate inputs from all of the above areas. The RSA MIS is scheduled to be completed in FY 81. Evaluation leadership from RSA is directing the States in their development of similar systems which provide enhanced management and evaluation capacity. To accomplish this, RSA is sponsoring the development of model management/evaluation information systems in six State departments of vocational rehabilitation. (Pennsylvania, Delaware, Michigan, Oregon, Virginia and Mississippi visual agencies.) These six model systems are tied to RSA's system developmental efforts in that they are field testing the valuation standards for the formula grant program and project authorities and facilities reporting system. The data and the procedures for gathering it will, therefore, be fully evaluated and validity and reliability of reports established before RSA initiates the new MIS on a nationwide basis.

Program evaluation standards were developed shortly after passage of the Rehabilitation Act of 1973. Due to the mandate then to establish standards quickly, there was not sufficient time to test them adequately before putting them into operation. Over time, these standards proved to be, in certain dimensions or because of inadequate coverage, less than optimal techniques for measuring program performance. For the last four years, the initial standards were under refinement while being used by State vocational rehabilitation agencies. While these earlier program measures are still in use, RSA has been designing a totally new and comprehensive set of program standards to be field tested in the model State evaluation units with the goal of national implementation of these new standards in 1981.

Based upon 1976 statistics, State departments of vocational rehabilitation annually expend nearly 31 percent of the Section 110 funds in the purchase of case services from facilities without having an adequate system for monitoring the quality and quantity of services requisitioned. In partnership with the National Association of Rehabilitation Facilities, RSA has developed and will pretest in the model state evaluation units a facilities reporting system and relevant training materials associated with system implementation. Once the system is implemented, up to 3000 facilities will be involved, thus providing the States with far greater capacity to direct their program of services with facilities and to utilize the many resources available.

Developmental Disabilities Evaluation Activity

With the inclusion in RSA of the Bureau of Developmental Disabilities (BDD) came the responsibility for the evaluation of programs administered by this office. Basic authority for the evaluation of DDO programs in the Public Health Services Act. Public Law 91-296, Section 401(a), authorizes one percent of appropriations to be set aside for program evaluation.

There have been two principal foci for evaluation activities within the Developmental Disabilities (DD) Program:

(1) The development of performance standards and quality assurance mechanisms for all aspects of the DD Program.

(2) The development of a system for the evaluation of services provided to DD persons based on measures of their individual growth and development as derived from individualized habilitation plans (IHP's).

Both of these initiatives were motivated in part by mandates in these areas in the Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94--103 as amended by P.L. 95-602). Specifically, Section 204 of P.L. 94-103 called for recommendations on performance standards and quality assurance mechanisms for programs serving persons with developmental disabilities; Section 110 required the design and implementation of the client-based evaluation system. However, the enactment of these requirements was a part of a broader recognition within the field of developmental disabilities of the importance of developing systems for the attainment and maintenance of quality within the DD program as a whole.

In the area of performance standards, those for programs serving DD persons were developed during FY 1977 in accordance with the Congressional mandate. Subsequently, performance standards for State DD planning councils were developed and will be revised to incorporate new provisions of P.L. 95-602 during FY 1980. Performance standards for University Affiliated Facilities and for DD Protection and Advocacy Systems will be completed by early in FY 1980. Quality assurance mechanisms, which describe the processes for the application of the standards and the imposition of sanctions, have been developed to accompany the standards.

A related effort, also conducted during FY 1979, was the development of a Program Administration Review (PAR) mechanism. The PAR will be used by personnel in Regional DD offices to monitor and evaluate how State DD planning councils, administering agencies and Protection and Advocacy Systems are meeting the administrative requirements for implementing the DD Program in accordance with the law.

The development of the client-based evaluation system (required by Section 110 of the DD Act) was initiated in FY 1976. Three initial design contracts were let at that time to:

- Develop specifications for the assessment instruments to be used to measure client growth and development.
- Development of procedures for the protection of client rights to privacy and confidentiality of personal information.
- Development of basic design specifications for the overall evaluation system.

During FY 1978, a subsequent contract was let to amalgamate those three sets of specifications into one coherent package of design specifications and to begin providing training and technical assistance to the States as they prepare to develop operational plans for the implementation of their respective systems by October 1982.

The training and technical assistance activities is being carried out through a contract funded late in FY 1979. The purpose of that contract is to develop planning procedures and formats and to assist the States in developing plans for the implementation of the systems in accordance with the mandated submission data of October 1980.

The final stage of this development effort will be a contract let late in FY 1980. The purpose of this contract will be to evaluate each State's plan for its feasibility and compliance with the design specifications and to provide technical assistance to the States to facilitate their implementation activities so that the systems are operational by the required October 1982 deadline. Thus RSA anticipates that there will be a functioning client-based system for the evaluation of services provided to DD persons in each State by FY 1982.

It might appear from this discussion that the DD evaluation activities conducted over the past few years have been done without regard for the relationships between standards and quality assurance and evaluation. The 1980 definition impact study will focus specifically on the questions raised by the Amendments. A review of Congressional Committee reports indicates that the concern that motivated this requirements was howwell those persons originally identified as DD (mentally retarded, cerebral palsied, autistic, or epileptic) fared when the base for the definition was expanded to include a wide range of type of handicaps. A second issue is, with level of functioning as the new basis for the definition, what happened to those persons who belonged to the original four classifications, but who can no longer be considered DD because they are functioning at levels higher than those described in the law. Thus, this second study will be much more a retrospective analysis than one geared to policy development and change.

A fourth major evaluation initiative has been in the area of individualized planning and case management systems. Individualized habilitation plans (IHP's) are required for each person in the Program (Section 112 as amended by P.L. 95-602). Further, data from IHP's are required to be used as the basis for the measurement of developmental progress in the client-centered evaluation system (Section 110, as amended.) The installation of case management systems is widely viewed as essential to the development of IHP's, as well as to the operation of an effective client-centered evaluation system. And, case management is designated in the DD Act (Section 133 (b) (4) (A) as amended by P.L. 95-602) as one of four priority services to be developed by the States.

These four factors have contributed to the emergence of individualized planning and case management as the object of considerable interest and authority in the DD field. In response to that, a contract was awarded in FY 1978 to evaluate selected case management systems and methods for the development of IHP's and to develop specifications for the design of effective case management and individual planning processes.

The findings of the evaluation phase of the project revealed that, in general, IHP's if developed at all, are not responsive to the comprehensive needs of DD persons. Additionally, a wide variety of activities are carried out under the rubric of case management, but which fit more appropriately in the role of advocates and social caseworkers. Consequently, the need for the design of the specifications to provide for the definition of a systematic, integrated approach to individualized planning and case manangement became even more apparent.

After the specifications are completed in FY 1980, they will be pilot tested in three sites for approximately one year to assure their validity and viability. Upon their final revision, it is anticipated that the specifications will be of great value to the states as they develop their priority services and continue to develop their client-centered evaluation systems.

EVALUATION PROJECTS COMPLETED IN FY 79

Vocational Rehabilitation: All projects in new or continued status

Development Disabilities:

Development of a Program Administration Review (PAR) Process for State DD Programs: The contractor developed instruments for use by Regional DD personnel to assess the nature and extent to States' efforts in implementing and administering the DD Program. The PAR addresses all aspects of DD program administration including the activities of the State administering agencies, State planning and advisory councils, Protection and Advocacy Systems and the University Affiliated Programs. The PAR is constructed modularly so that the regional office personnel can perform in-depth reviews on any or all aspects of the DD Program in any particular State. Completion date: October 31, 1979.

Development of Design Specifications for the DD Comprehensive Evaluation System: The principal product of this project was the development of the initial design specifications for the DD evaluation system. These specifications define the structure and scope of the system, with procedures for implementation and reporting formats. The specifications, when combined with specifications for the selection of instruments to measure developmental progress and for the protection of client rights to privacy and confidentiality of information, form the basis from which States will design systems to accommodate their needs and resources. Completion date: February 31, 1979.

Study of the Socio-legal Issues in the Protection of Clients' Rights to Privacy and Confidentiality of Information: This study was conducted in response to Section 110 of P.L. 94-103 which required that the DD evaluation system include adequate safeguards to protect the rights of DD persons to privacy and confidentiality of the personal information collected and maintained about them in the system. The principal products of this study were: specifications for the collection, storage and retrieval of client data and access to client data which protects the rights of DD persons, a model state code which would, if enacted, establish statutory safeguards to protect client rights and model Federal regulations for ensuring privacy and confidentiality of client information. Completion date: November 30, 1978.

Development of Performance Standards for State DD Councils and Administering Agencies: This study resulted in the development of standards by which the performance of State DD Programs can be assessed, either internally or externally in a formal review process. The standards address all aspects of the DD Program such as the development of State plans, influencing and accessing the allocation of non-DD (Federal) funds for the provision of services to DD persons, activities of the administering agency, etc. These standards comprise one component of an overall effort to develop performance standards and quality assurance mechanisms which address all aspects of the DD Program including services, University Affiliated Facilities and Protection and Advocacy Systems. Completion date: December 30, 1978.

Ongoing and New Projects: Vocational Rehabilitation

Evaluation of Long-Term RSA Training Program: The objectives of this contract include the following: (1) the development of a model for determining the most effective distribution of rehabilitation training grant funds between the pre-service and in-service training categories; (2) the gathering of data necessary to estimate the optimum number of training projects supported throughout the country in each grant category; (3) the analysis of manpower supply and demand in rehabilitation counseling and related classes of personnel employed by State vocational rehabilitation agencies and cooperating rehabilitation facilities in the delivery of vocational rehabilitation services and, finally (4) the determination of the relative importance of institutional and student support in maintaining academic training resources in the selected rehabilitation disciplines. Existing training programs will be surveyed early in FY 1979. Scheduled completion date is March 1980.

Evaluation of Short-Term Training: This study will evaluate the short-term training program of RSA as it currently exists and develop a system which allows Federal staff to evaluate effectiveness. The study is basically concerned with program management and will address the assessment of how training priorities are determined, whether training is job related and measure the effectiveness of the mechanism for awarding funds to support short-term training. Completion is scheduled for December 1979.

Analysis of FY 77 and 78 Data on Evaluation Standards: This study is the latest in a sequence of data analytic studies on current standards in an attempt to develop and refine procedures for analysis of State VR agency data. The general objectives of this FY 1979 study include the following tasks: (1) development and refinement of composite measures and weighting scheme for standards; (2) further development of methods for validation of performance levels as reported by State agencies; and (3) further implementation of methodology for making comparison between State agencies; and (4) further implementation of methodology for making comparison between State agencies in terms of performance levels and reasons for such differences. The contractor will be responsible for validating '77 data sent to RSA in response to the Standards and calculating new performance levels on the most recent data submitted by the State agencies.

The specific tasks to be undertaken include: (1) analysis of FY '77 and FY '78 data by reviewing all State agency (general and blind) reports submitted and processing, analyzing and cross tabulating and clearly reporting from previous years; (2) development of performance levels for the Standards after conducting validity checks; (3) conducting of regression analysis of Standards data to develop statistics that explain unusual agency performance; (4) analyses of the current formula for computing standard deviations since the formula now in use to estimate the target population is not the most appropriate for both the general population and the blind population; (5) updating of formulas to estimate target populations and specifically develop an analytical formula for estimating the blind population; (6) modification of VR Standards computer programs to improve the efficiency in reporting and data reliability; (7) assessment and refinement of the recently developed analytic paradigm to focus on problems of management use of the standards data; (8) assessment, evaluation and refinement of standardized reporting formats, including an updating of the guidance material. The final report is due in March, FY 1980.

Vocational Rehabilitation Follow-up Study: The Vocational Rehabilitation Follow-up Study is a nationwide sample survey of 6,000 former clients of the VR program. The scope of the study is broad, addressing medical, social and vocational elements of the VR program. The realization of program benefits is reflected in the maintenance of health status, the number and duration of jobs to those for which the client was trained, the earnings history of the client and any other nonvocational or indirect benefits such as notable effects on other members of the client's family. This ongoing project has completed national pretests and revision of instruments. Final survey work is now underway, with results expected in March 1980.

Developing Computer Programming Capability for RSA Reporting and Analysis of the Refined Program Evaluation Standards: This study involves development of appropriate computer software capability to add the new evaluation standards to the planned management information system. Final report is due in mid-FY '81.

Evaluation of Financial Management of the VR Program Including Leadership and Direction: This study will analyze fiscal expenditures and cost accountability at multi-levels. It will determine the way financial management decisions are made. Practice will be compared with good theoretical principles of financial management. A model financial management system will be developed. The final report is due in mid-FY 1980.

Evaluation of State VR Agency Placement Activities, Taking into Consideration the Training of Personnel Providing Such Services: The existing State/Federal system for the placement of handicapped individuals will be evaluated. Recommendations for development of one or more model placement systems will be made. The final report is due December 1979.

Evaluation of the Blind and Visually Handicapped Program: This project will review various State agency administrative processes and structures in the program for blind individuals nationwide to determine which are providing the most comprehensive special services, outreach and quality of services. The final report is due in March of 1980.

A Study to Evaluate the Effectiveness of Vocational Rehabilitation Services To Deaf and Hard-of-Hearing Clients: The overall purpose of this study is to evaluate the effectiveness of vocational rehabilitation services to deaf and hard-of-hearing clients. In order to accomplish this objective, RSA proposes to evaluate research activities in the sensory disabilities area and implementation of the Model State Plan for Vocational Rehabilitation services.

The contractor will study at least nine State agencies for vocational rehabilitation of deaf clients. The design will include the following: (a) three States which have implemented the model for a State plan for the vocational rehabilitation of deaf clients as designed; (b) three States which have implemented the model for a State plan, but have modified components of the plan; (c) three States which have not implemented the Model State Plan.

The contractor will also be responsible for the assessment and evaluation of the Model State Plan which is to include the following: the VR process, manpower, State Advisory Council on Deafness, interagency cooperation, deaf community involvement and communication - National/State/Local.

Finally, the contractor will be responsible for studying the effect of implementing the Model State Plan. Included in this assessment, the contractor will evaluate the vocational rehabilitation case-service delivery system to all deaf clients. Completion is scheduled in early FY 1980.

Evaluation, Provision and Development of the RSA Data Retrieval and Management System Using New Data Elements: This project will analyze current management information systems state-of-the-art within RSA and develop a conceptually oriented MIS. A systems design including completed input and output formats and all processing requirements and disseminates will be developed. The final report is due in FY 1981.

Testing and Refinement of the Facilities Reporting System

The Rehabilitation Services Administration of the Department of Health, Education and Welfare has provided funding under a Cooperative Agreement Grant, using Facility Improvement and Grant Funding Authority, to the National Association of Rehabilitation Facilities, for the "Development, testing and Refinement of the Model Federal-State Facilities Reporting System." The project began October 1, 1979 and is scheduled for completion in fifteen months. It is managed cooperatively by the RSA Divisions of Evaluation and Facilities.

The long range purpose of this project is to provide rehabilitation facilities, State and Federal rehabilitation agencies with a series of technical products which will enable rehabilitation facilities to manage service resources to maximize the program benefits for the people served in a cost-effective manner.

The major products and materials that will be field tested, revised and made available for national dissemination include:

- A management reporting system which enables rehabilitation organization to assess, on a program basis, whom they are serving, benefits obtained and program efficiency;
- An inventory which profiles and describes significant dimensions of rehabilitation facilities;
- Accounting materials which will provide facilities with methods to better manage financial resources; and
- Alternative approaches which describe ways in which contracts or working agreements can be established with rehabilitation facilities.

The field testing of these products and materials will take place in 120 rehabilitation facilities in six states: Delaware, Michigan, Mississippi, Oregon, Pennsylvania and Virginia. Each of the participating facilities and six State VR agencies will experimentally test the products to determine the quality of each, the costs of installation and operation and how the products can be used for management purposes.

The final phase of this project will provide rehabilitation facilities, State and Federal rehabilitation agencies with results concerning the utilization of the projects' products and materials which will be available to them and finally how they can be used for decision making purposes. The responses of these agencies' organizations will enable project staff to further improve the quality of the materials and allow for the development of a national installation plan.

Final project report is due early in FY '81.

Testing and Refinement of the Vocational Rehabilitation Evaluation Standards

This contract is designed to conduct a detailed pretest and refinement of the new vocational rehabilitation evaluation standards for the formula grant program and for project authorities which have been developed for RSA by Berkeley Planning Associates over a period of two years. The specific objectives of this study are as follows: (1) Pretest and revise the VR program evaluation standards; (2) Pretest and revise the VR project evaluation standards; (3) Develop an implementation plan for the program standards; the pretest of the standards is to be accomplished through six model evaluation units which are being funded by RSA. The pretest of the standards is expected to take about one year of time. At the end of the pretest, the contractor will make suitable revisions to the standards, prepare guidance and develop and demonstrate an analytic paradigm for management use of the standards information by State and Federal program staff. Final project report is due in late FY '81.

Six Comprehensive State VR Programs and Policy Systems through Model Evaluation Management Information Support Units

State vocational rehabilitation agencies have varied capacity to conduct program evaluation. RSA desires to help strengthen the ability of every State in this regard. After considerable thought, an agreement was reached that more knowledge is needed about the State VR Agency environment in which an ideal program evaluation function can operate. During the summer of 1978, RSA announced that it would provide a number of States' funds to develop model evaluation units. One criterion for funding was that the States would fall in these categories: small (FY '78, Section 110 funds under $10 million); medium FY '78, Section 110 funds between $10-25 million); and large (FY '78, Section 110 funds over $25 million). Eighteen States responded. Out of this number, six states received a combined amount of over three quarters of a million dollars to support the first year of three years of evaluation activites. Those agencies competitively selected within each category are: Pennsylvania (large), Virginia (large), Michigan (medium), Oregon (small), Delaware (small) and Mississippi (Blind Agency).

From RSA's point of view, the objectives of the model evaluation systems for State VR agencies are to: (1) develop a model in which comprehensive program and policy systems are linked by appropriate evaluation data;

(2) field test and evaluate the effectiveness of the revised standards for evaluation and the facilities reporting system for VR Agency management; (3) build new evaluation capacity which can be generalized to other States; and (4) develop linkages for a within State agency and between State agency network for communication, dissemination and utilization of evaluation topics with special emphasis on developing and testing the model evaluation units.

The model units have just completed their first year of operations. During their first year, several projects expected to be awarded by the Federal government to support enactment of select features of these model units could not be achieved due to contract delays and the units experienced some adverse impact. Then, there were the usual start-up problems inherent in undertaking projects of these sizes, particularly within public agencies unfamiliar with contract administration.

In spite of these problems, the six model units have shown a great deal of promise. For example, they resolved staff problems, have become established within the State structure, met reporting requirements, prepared conceptual models of their activities, designed and improved upon information collection and analysis systems, built staff evaluation capacity through training, set up evaluation disseminated information about their projects to the larger rehabilitation community, etc.

The model units began their second year on a very sound footing. Two features proposed for the model units in the first years (see projects' descriptions on testing the new VR Standards and Facilities Reporting System) and not funded were approved and began concurrent with the units' second year. With these two activities now in place, the units are proceeding as originally planned. An additional project to coordinate the work of the six model units and to provide them technical assistance in matters of project development was also awarded (a more detailed description of this project follows).

Coordination for Comprehensive State VR Program and Policy Systems through Model Evaluation/Management Information Support Units

The purpose of this project is to provide coordinative leadership to most activities established for the six model evaluation units in vocational rehabilitation. Coordination occurs across the following boundaries: Developing evaluation plans, managing an advisory committee, dissemination of information, production of reports, arranging for the preparation of articles on issues and programs within the model systems, analyzing State reports, pretesting standards and facilities information systems, reviewing projects' progress, providing technical assistance, etc.

Originally scheduled to begin in FY 1978 with the start of the model units, this project, because of contract delays, got underway in September 1979. It will run for three years - two over the duration of the model units and one after the units are terminated. The last year will be devoted to analyzing findings from the model unit studies replicating these findings in other states and preparing training materials.

Development of Performance Standards and Quality Assurance Mechanisms for University Affiliated Facilities: The contractor will develop standards which address all components of University Affiliated Programs, including interdisciplinary training, service delivery, continuing education and administration. The quality assurance mechanism to be developed will be comprised of all the procedures required in the application of the standards, compliance processes, imposition of sanctions and overall monitoring of UAF performance. Both the standards and quality assurance mechanism will be predicated on the establishment of standardized expectations for, and measurement of, training and programmatic outputs (i.e. results of activities performed). The final report is due in FY 1980.

An Evaluation of the Implementation of the Systems for the Protection of the Individual Rights of and Advocacy for Individuals with DD and the Development of Performance Standards for those Systems: The contractor will conduct an in-depth evaluation of the States' progress in implementing Protection and Advocacy Systems during their first operational year. The purpose of the evaluation is to identify the most effective aspects of the models adopted by the States to fulfill the Protection and Advocacy functions and to identify major problems and barriers to implementation. Based on the evaluation, the contractor will develop standards to measure the performance of State activities in Protection and Advocacy. The final report is scheduled for FY 1980.

A Study of the Potential Impact of the Definition Recommended by the National Task Force on the Definition of Developmental Disabilities: In FY 1977, the National Task Force on the Definition of Developmental Disabilities was convened to perform an independent study toward the development of a new recommended definition of DD. The Task Force's recommendation was for a totally functional definition that focused on severely handicapped individuals whose disability occurred during the developmental period. Since the current definition is essentially limited to persons with mental retardation, cerebral palsy, epilepsy and autism, the recommended functional definition represents a potentially significant change in the population addressed by the DD Program. The purpose of this project is to assess the programmatic, administrative and fiscal impact on State DD Programs of adopting the Task Force's recommended definition. The final report is scheduled for FY 1980.

A Comprehensive Review and Evaluation of Individual Habilitation Plans and Case Management Systems: The contractor will conduct a thorough evaluation of individual habilitation plans (IHP's) as required in the DD legislation. As a result of the evaluation, the contractor will develop a model format for IHP's with guidelines for IHP systems for implementation by DD program providers. The final report is due in FY 1980.

Training and Technical Assistance in the Implementation of a Comprehensive System of the Evaluation of Services for Persons with Developmental Disabilities: During FY's 1976-77, specifications for the evaluation system mandated in Section 110 of PL 94-103 were developed which addressed client rights to privacy and confidentiality of information, behavioral assessment instruments and overall systems design. During this project, the contractor will develop composite specifications and integrate all aspects of the system and provide training and technical assistance to the States in designing their plans for the implementation of the system. The final report is scheduled for FY 1980.

Training and Technical Assistance in the Development of the DD Comprehensive Evaluation System: The contractor will develop a complete, comprehensive set of implementation guidelines which address all specifications of the evaluation system. Guidelines should describe options available to the States for meeting the specifications with varying levels of personnel, financial and data processing resources and capabilities.

- Develop training materials for the specifications of the comprehensive evaluation system and matters of implementation.

- Provide training and technical assistance to the States in developing implementation plans. The contractor will conduct a series of regional or bi-regional workshops to train DD personnel in the design, specifications and implementation guidelines. In addition, the contractor will provide ongoing technical assistance to the States as they develop their implementation plans in order to ensure that the plans are consistent with the specifications.

- Evaluate implementation plans. The contractor will evaluate draft evaluation plans developed by the States, prepare recommendations for modifications in the plans and provide the requested technical assistance. In addition, based on the evaluations, the contractor will develop recommendations to DDO for monitoring and evaluating progress made by the States in implementing their plans.

The Final Report is due in FY '81.

Development of Evaluation/Quality Assurance Mechanism for State Developmental Disabilities Protection and Advocacy Systems: The contractor will develop an evaluation/quality assurance mechanism to measure the appropriateness and efficiency of P&A systems for the Bureau of Developmental Disabilities. This mechanism, growing from the current evaluation activities and incorporating the performance standards, is to enable regular and periodic monitoring and evaluation of State P&A systems by Federal authorities (headquarters and regional) and State Governors' offices (which have the authority to designate the location of the P&A Systems). In addition, the mechanisms will provide ongoing information to State DD Planning Councils and P&A personnel to measure their effectiveness on a regular basis. The contractor will be required to perform work in the following general task areas:

a. Perform background analyses and assess the state-of-the-art in the areas of evaluation and quality assurance of Protection and Advocacy and related activities.

b. Develop and test design specifications for the evaluation/quality assurance mechanism.

c. Train P&A System personnel and users of evaluation data on P&A Systems in the implementation and operation of the evaluation/quality assurance mechanism.

The Final Report is due in FY '81. (This is a new project)

INDEPENDENT LIVING REHABILITATION

FEDERAL FUNDS - $2,000,000

Independent Living Rehabilitation (ILR) is a program to provide services to severely handicapped individuals with the non-vocational goal of being more fully functioning members of society, e.g. living independent of institutions. ILR services may also be appropriate for those with vocational potential where problems of daily living are preventing full realization of this potential. These services are also appropriate for older disabled persons beyond the usual working age.

The essence of the independent living outcome is increased control over one's life based on the minimization of reliance on others, including institutions, in making decisions and in performing everyday activities. The concept is broad, but its focus is on the individual. Whether individuals perform particular activities themselves or rely on the assistance of others may have little to do with the control they exercise over their own lives. One example is independence in dressing oneself. Some individuals perceive this activity as an important example of the ability to live independently, whereas others view the extra time and energy spent dressing themselves as time which could be spent more profitably at work. It should be noted that independent living is not dependent upon particular programs that foster functional independence. Instead, it is based upon the individual's ability to choose and achieve a desired lifestyle and to function freely in society.

The ILR movement has been associated with expanding non-institutional residential alternatives for severely disabled individuals. This reflects ties to earlier philosophical concepts of deinstitutionalization and normalization. Some independent living programs are direct decendants of former halfway house projects or group homes.

Independent living programs may be required by individuals in order to develop personal and/or vocational skills. The programs may provide or coordinate such services as attendant care and housing and act as an information resource on the availability of goods and services relevant to independent living. Other services that are provided or coordinated by independent living programs include: transportation provision or registry, peer counseling, advocacy and/or political action, independent living skills training, equipment maintenance and repair and social/recreational services.

Highlights of Activities

Five projects initiated under former Section 130 of the Act to test the impact of comprehensive services to severely handicapped persons in a variety of settings were completed. Those programs which had a strong community involvement showed the best results.

During September 1979, ten new projects for the establishment and operation of independent living centers were funded at an average amount of $200,000 each.

National Conference on Independent Living

During March 1979, a National Conference on Independent Living Rehabilitation Regulations was held in Arlington, Virginia. This conference was co-sponsored by the Rehabilitation Services Administration and the Medical Rehabilitation Research Training Center of Tufts-New England Medical Center in Boston.

Some 55 consumers and 20 attendees and a variety of other independent living advocates from across the country attended this conference.

Because of the emphasis in the Act that there be substantial consumer involvement in the development of the State plan for independent living as well as involvement in policy direction and management of independent living centers funded under Part B of Title VII, this conference was held to provide consumers and others interested in independent living an opportunity to participate in the development of regulations to implement Title VII.

The broad areas covered by the two-day conference were: eligibility, maintenance of effort, State Plan provisions, Centers for Independent Living and funding and accountability.

Participants of the conference were very much aware that with the implementation of Title VII, the independent living movement evolving over a number of years was at a new threshold. Title VII is the culmination of efforts begun in 1959 to gain legislative authority for independent living services. The quest for public funding of independent living services twice suffered presidential veto in earlier administrations.

The New Independent Living Rehabilitation Services Authority

The 1978 Amendments to the Rehabilitation Act of 1973 included under Title VII the authority to provide comprehensive services for independent living designed to meet the current and future needs of individuals whose disabilities are so severe that they do not presently have the potential for employment, but may benefit from rehabilitation services which will enable them to live and function independently.

Title VII is divided into three parts. Part A authorizes a formula grant program to parallel the ongoing vocational rehabilitation program under an approved State plan for independent living. In July 1979, State vocational rehabilitation agencies were issued an interim State plan preprint and instructions for its submittal. Although Part A of Title VII has not been funded, in order for a State vocational rehabilitation agency to participate in Part B of Title VII, a State plan must be submitted and approved.

Part B provides for a project grant program under which the Commissioner may make grants to the State vocational rehabilitation agency for "the establishment and operation of independent living centers" which will provide a wide range of services to severely handicapped individuals.

Part C of Title VII authorizes a grant program under which the Commissioner may make grants to the State vocational rehabilitation agency to provide independent living services to older blind individuals.

Of these three parts, only Part B has been funded thus far. During Fiscal Year 1979, $2 million were appropriated. In August 1979, an Information Memorandum was issued to State VR agencies outlining the procedures for developing and submitting competitive project applications for initial funding. An interim Manual Chapter on Projects for the Establishment and Operation of Independent Living Centers was released in August of 1979.

As a result of the Information Memorandum, 38 project applications were submitted for funding. A peer review of the applications was conducted in September 1979 and ten applications were recommended to the Commissioner for approval. These ten projects were funded from Fiscal Year 1979 funds.

Examples of two of the ten approaches follow:

Access Living - Chicago, Illinois

Access Living is a joint effort of the Department of Rehabilitation Services, the Rehabilitation Institute of Chicago and consumers to establish in Chicago a consumer-managed center for independent living rehabilitation.

The Access Living project will be fully coordinated with the Department of Rehabilitation Services programs to serve the comprehensive service needs of the disabled citizens of Illinois. A new and developing in-home service program will provide needed funding for in-home services provided the severely disabled.

The project will include direct relationships between the Access Living Consumer Board and Consumer Advisory Council of DORS. The Department is continuing to expand its services to the severely disabled individual. As Access Living provides services in this area, this expertise and example will be made available to other areas of the State to insure such services are soon available to all citizens.

North Central Kansas Center for Independent Living - Rural Service Delivery Model - Topeka, Kansas

The purpose of this project is to develop a service delivery model of a decentralized center for independent living to deliver services to a rural area. Project objectives include:

> Development of an autonomous Advocate Consortium that will aid in involving severely handicapped individuals to a substantial degree in the policy direction and management of the center, assessing client needs, assisting such individuals in serving as client advocates and providing independent evaluations of the Center's program performance.
>
> The Center, with the Advocate Consortium, will locate all persons with severe disabilities within the six counties desiring services and pinpoint client service needs in terms of (a) types of services, (b) service improvements, (c) service efficiency and (d) optional service delivery approaches.
>
> In addition, the project will identify and analyze all existing special and generic services in the rural area that can be used to meet client needs and determine cooperative utilization and possible improvements to be used as part of the Center for Independent Living Services.

In addition, projects were funded in Augusta, Maine; Jefferson City, Missouri; Albany, New York; Raleigh, North Carolina; Providence, Rhode Island; Seattle, Washington; Boston, Massachusetts; and Columbia, South Carolina.

RSA Demonstration Projects

Prior to the enactment of the 1978 Amendments to the Rehabilitation Act of 1973 which authorized, for the first time, the provision of services to handicapped individuals who are so severely handicapped that a vocational goal is not feasible, a demonstration program consisting of five projects was initiated under Section 130 of the Rehabilitation Act. The objective of these projects was to test the impact of comprehensive services to severely handicapped persons in a variety of settings. The final results of these projects are described below:

Institute of Rehabilitation Medicine - New York Office of Vocational Rehabilitation (hospital based)

This project was conducted jointly by the Institute of Rehabilitation Medicine and the New York Vocational Rehabilitation Agency. The basic objective of the project was to deliver a full range of comprehensive services to severely handicapped neuromuscular diseased patients including a thorough medical evaluation developed by the Institute's Neuromuscular Disease Center team of scientists and physicians and evaluation and intervention by a psycho-social and vocational team.

For most of the clients in the project, *improvement* in functional capacity was not possible, but *maintenance* of present capacity was possible only through the services provided by the project. Without these services, they would have gradually lost functional capacity and become less independent of their families and communities and, in some instances, their general functional loss would have resulted in institutionalization.

Seattle (hospital based)

The purposes of this project were to (1) comprehensively evaluate the rehabilitation needs of severely disabled individuals and (2) organize State agency activities and community resources to provide increased services and care to the severely disabled.

The results of this project show it could well serve as a prototype for the development of projects by the State vocational rehabilitation agency under Part A of Title VII of the 1978 Amendments. The stationing of vocational rehabilitation counselors with project staff has resulted in better understanding by the counselors of the capabilities and service needs of project clientele and severely disabled people in general and the methods and techniques that can be employed to bring about successful job placements and/or greater independence in carrying out the tasks essential to normal living.

Berkeley (consumer based)

The principal objective of the Center for Independent Living project was to show that a consumer-based organization can deliver services which may not otherwise be provided to severely disabled persons. A peer counselor approach to problem solving was an essential difference between this project and the other projects. The project was designed to facilitate independent living within the community for people with severe disabilities, as well as to provide assistance in vocational exploration and job placement.

The Center in Berkeley could serve as a model under the Center for Independent Living Authority. Obviously, future centers that might be developed and operated by handicapped people over the country with Title VII funds can benefit from the Berkeley Center experience in such vital areas as tapping various funding sources, the organization of an equipment repair center, methods of providing peer counseling, advocacy, staffing, the organization of an attendant care service, housing and transportation.

Salt Lake (State VR Agency based)

The Utah vocational rehabilitation agency was one of the two State vocational rehabilitation agencies responsible for the operation of a rehabilitation project for independent living.

This project was designed to demonstrate how to organize a comprehensive rehabilitation services program for the most severely disabled people known to the State vocational rehabilitation agency and who were excluded from the vocational rehabilitation program because of the severity of their disabilities.

This project presents a prototype of the organizational structure and programs that State vocational rehabilitation agencies might wish to develop under Part A of Title VII of the Act for the direct provision of rehabilitation services for independent living purposes. The Utah program was a discrete rehabilitation program and yet it utilized, in common with the vocational rehabilitation program, the central supportive services of the parent agency. Moreover, the program operated in close association with the vocational rehabilitation program so as to benefit from the services of that program for clients who developed an employment potential.

San Antonio (State VR Agency based)

The project of the Texas Commission for the Blind was the other of the two projects operated by State rehabilitation agencies. This project served multi-handicapped blind people living in the San Antonio-Bexar County Texas area who, in addition to being blind, had one or more of the following secondary disabilities: chronic mental illness, central nervous system dysfunction, orthopedic impairments, cardiac disorders, developmental disabilities, chronic pulmonary disorders and severe auditory disabilities.

Due to the innovative nature of this project and the lack of previous historical staffing patterns for working with blind people with additional severe disabilities, the agency decided upon a team, rather than on an individual counselor approach to each client. The team members included the following:

Rehabilitation Counselor
Rehabilitation Teacher
Placement Specialist
Orientation and Mobility Specialists
Community Service Aide
Visually Handicapped Children's Caseworker
Supervisory and Technical and Consultative Staff

The unique needs of the blind-multi-handicapped individuals required the services of highly trained and qualified specialists. Also, the location of the project necessitated the employment of staff who were bilingual and fully knowledgeable of Mexican-American cultural customs, values, family relationships and attitudes.

This project was unique in that it served a clientele quite different from most of the other projects. Where most projects were concerned with overcoming physical handicaps which result from the client's disability, the Texas project struggled to overcome experiential handicaps brought on by the client's sensory deprivations.

This project would seem to be the kind of program envisioned under Part C of Title VII and would seem to be a good model for other State agencies to replicate. The Texas project gave priority to the elderly blind; its range of services was extremely broad; it utilized all available resources and agencies and it developed innovative approaches to meet the multitude of problems confronting blind people with multiple handicaps.

COMMUNITY SERVICE EMPLOYMENT PILOT PROGRAMS FOR HANDICAPPED INDIVIDUALS

This section of the Rehabilitation Act under Title VI, Part A, to be administered by the Department of Labor, was not implemented due to the fact that no funds were made available during FY 79.

NATIONAL INSTITUTE OF HANDICAPPED RESEARCH

NATIONAL INSTITUTE OF HANDICAPPED RESEARCH

The Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978 removed the Rehabilitation Research Program from the Rehabilitation Services Administration and placed it in a new organization, the National Institute of Handicapped Research (NIHR).

The Secretary created the Institute after publication of a notice in the Federal Register on April 26, 1979 that set forth the statement of organization, functions and delegations of authority. A nationwide search was instituted for a permanent Director. Some 60 nominees were considered by the Department and a list of suggested nominees was submitted to the President by the Secretary. On November 7, 1979, the President named his selection, Dr. Margaret J. Giannini. On January 29, 1980, the Senate confirmed the President's nominee.

The April notice in the Federal Register of NIHR's Statement of Organization, Functions and Delegation of Authority was the result of extensive coordination in the development of that document with Congressional committees of both the Senate and the House and other Federal and non-governmental agencies. The mission, as described in that document, is to provide leadership and resources for research and its utilization to improve the lives of people of all ages with physical and mental handicaps, especially the severely disabled. The results to be achieved through the exercise of this mission include:

(1) Identifying and eliminating the causes and consequences of disability.

(2) Maximizing the healthy physical and emotional status of handicapped persons, their functional ability, self-sufficiency, self-development and personal autonomy.

(3) Preventing or minimizing personal and family, physical, mental, social, educational, vocational and economic effects of disability.

(4) Reducing and eliminating physical, social, educational, vocational and environmental barriers to permit access to service and assistance and to enable handicapped individuals to use their abilities in daily life.

NIHR activities to achieve these end results will include: consulting, planning, coordinating, developing, evaluating and funding basic and applied research and related activities of public, private, domestic and international origin, disseminating known and new findings, establishing methods for evaluating and investigating obstacles to the use of the results of basic and applied research efforts and promoting technological research and development, distribution and utilization for handicapped people.

The ultimate goal is to provide knowledge for defining needs and the means for meeting those needs through improved services, assistance and conditions that will allow the fullest possible participation of handicapped persons in all aspects of our society.

With such a mission, NIHR has the potential for far-reaching improvement in the lives of millions of Americans. This is so because in making statutory provisions for this Institute, the Congress took cognizance of the two basic aspects of the problems of disability in the United States.

The first, and more obvious, lies in the staggering dimension of the problem, regardless of the measurements applied or the terms in which it is defined. At least 30 million Americans themselves have significant disabilities and far greater numbers of their family members are directly and vitally affected. The money costs of various forms of care, which must be provided for the handicapped, is approaching an estimated $200 billion a year above and beyond which are economic and social burdens reflected in lowered productivity and increased dependency. Of equal or greater concern are the qualitative human and personal losses which cannot be quantified.

The second and less visible aspect of the disability problem, addressed by P.L. 95-602, is the need to achieve better and more effective coordination among research programs to benefit handicapped people. This nation has achieved impressive progress in developing programs and technologies to serve handicapped people. However, a more effective coordination of efforts will assure maximum benefits to the greatest numbers.

With the establishment of NIHR responsibility for continuing and systematic consideration of the entire problem of disability -- in all aspects involving research, development and demonstration -- was assigned. Authority to provide the necessary leadership, coordination and direction had been delegated. The Institute then began to assemble the necessary professional experience, technological competence and managerial capacity.

Preliminary contacts necessary to establishing the Interagency Committee on Handicapped Research have been made. The agencies represented -- the Rehabilitation Services Administration, Office of Education, Veterans' Administration, National Institutes of Health, National Aeronautics and Space Administration, Department of Transportation and National Science Foundation -- have been helping with the development of the Institute's long-range plan, regulations and guidelines.

NIHR FUNDING

The total appropriation for NIHR activities in FY 1979 was $31,500,000 distributed as follows:

	1978	1979
Research	$ 9,700,000	$ 9,375,000
International Research	100,000	100,000
Rehabilitation Engineering	7,875,000	7,200,000
Research and Training Centers	13,825,000	14,825,000
TOTALS	$31,500,000	$31,500,000

RESEARCH

FEDERAL FUNDS - $9,375,000

The Research Program of the NIHR is primarily a program directed toward discovering new knowledge and overcoming the information gaps significant to the rehabilitation of severely disabled people. NIHR supports a broad spectrum of research projects including areas such as rehabilitation planning, independent living, consumer advocacy, rehabilitation engineering, employment opportunities, job maintenance and the removal of barriers.

Psycho-Social Research

The Regional Rehabilitation Research Institute (RRRI) at George Washington University had addressed the issue of removal or reduction of attitudinal, legal and recreational barriers which prevent the disabled from achieving equal opportunity to all life activities. Fiscal Year 1978 produced significant materials for use in affirmative action programs and the destruction of barriers which confront the handicapped. A significant public affairs pamphlet entitled, "The Invisible Battle: Attitudes Toward Disability," has been widely disseminated.

A five-year program, now in its 3rd year, being conducted by the Human Resources Center, Albertson, New York, is entitled, "Programmatic Research on Employment Preparation for the Handicapped (PREP)." The major thrust of this project is employment preparation for severely disabled individuals. As each program area is completed, it is being disseminated nationally through conferences, publications and the media.

Two projects are nearing completion in the area of the rehabilitation of the ex-mentally ill client. In Philadelphia, Pennsylvania, the Jewish Employment and Vocational Service is dealing with the rehabilitation services necessary for the placement of the ex-mental patient. While the Postgraduate Center for Mental Health in New York City is developing and evaluating a support system model designed to sustain the job placement of the ex-mentally ill client. As a result of the first year's research, a state of the art monograph has been disseminated nationally and is entitled: "The Mentally Disabled Rehabilitant: Post Employment Services."

The American Coalition of Citizens with Disabilities in Washington, D.C. is assessing the degree of effectiveness of consumer and advocate representation in policy planning on the national level and in five selected States.

The Amalgamated Clothing and Textile Workers Union located in New York has developed a prototype plan for the role of labor unions in an affirmative action program for severely disabled individuals.

The Columbia University School of Social Work grant continues in three interrelated directions: (1) researching the role of labor and management in job placement of the disabled; (2) forging linkages between the world of work and the rehabilitation sector and (3) providing technical assistance to unions, corporations, rehabilitation and governmental agencies.

The New Haven, Connecticut city government, has published preliminary findings which indicate that 24.6 percent of the sampled government workforce reported having a disability. The types of jobs held by those with a disability were not found different from those without a disability.

Arkansas Division of Rehabilitation Services: A three-year project nearing completion has developed a "weighted case closure" system as a case management tool.

The Regional Rehabilitation Research Institute (RRRI) at the University of Michigan has developed a series of instruments and methodologies for program evaluation personnel in State VR agencies.

The University of Georgia at Athens is demonstrating a Management Control system for Rehabilitation Management. The objective of this grant is to investigate alternative approaches to the management of vocational rehabilitation clients.

Medical Research

Now completing the seventh and final year, the National Exercise and Heart Disease Project is a collaborative, multi-center study which has determined the effect of exercise on males, age 30-64, who have suffered myocardial infarctions. This study has evaluated the benefits of exercise for improved work capacity, cardiovascular adaptation, psychosocial and and vocational adjustment, mortality and morbidity rates and occurrence of complications. Findings of the study are being prepared for a National Conference in early fall 1980. Scientific monographs and clinical handbooks are also in preparation to effectively disseminate useful results to the medical and allied health fields.

Spinal cord injury clinical research continued to focus upon the prevention and treatment of costly, debilitating complications which militate against rehabilitation success and independence. Definitive, baseline studies continue in urinary tract management, mass reflex spasm and spasticity, life threatening circulatory complications such as deep veinous thrombosis of the lower extremities and psychological community adjustment following hospital discharge. It is anticipated that significant new medical rehabilitation knowledge will continue to be generated. These studies are establishing a baseline of definitive information that will serve as a foundation for further scientific investigation.

Studies in the rehabilitation of end-stage renal disease patients continue to focus upon their medical, psychological and vocational adjustment toward improved independence and productivity. Ongoing research is addressing the prevention of medical complications, the dynamics of psychological adjustment after onset of renal disease and criteria for prediction of successful rehabilitation.

Priority also continues to be placed upon the rehabilitation of head trauma victims and persons who have suffered severe burns. Research in these areas is emphasizing the generation of new knowledge in the clinical course of the disability, the rehabilitation problems and needs of burn and head trauma patients and suggested innovative approaches to meet the comprehensive service delivery needs of these populations. Head trauma projects continue at the New York University Medical Center and Santa Clara Valley Medical Center-Langley Porter Neuropsychiatric Institute. Burn research is onging at the prestigious Shriners Burn Institute, Galveston, Texas and the National Institute for Burn Medicine, University of Michigan, Ann Arbor.

Results of well-regarded medical research in chronic obstructive pulmonary diseases are enabling younger patients to remain in employment longer and elderly patients are maintaining health with less hospitalization, enhanced mobility and physical functioning.

Fourteen Model Regional Spinal Cord Injury Systems are being coordinated and managed. The model system concept, based upon previous research findings and clinical rehabilitation experience, is demonstrating a new and effective service delivery system from onset through extensive rehabilitation and community follow-up. The focus of this effort is on the generation of definitive knowledge leading to the establishment of a nationwide network of spinal cord injury treatment and rehabilitation centers. A National Spinal Cord Injury Systems Conference was held in April 1978 involving more than two hundred participants representing eighty institutions. This conference provided the first definitive results on the Model Systems program, including rehabilitation outcomes, cost effectiveness and systems analysis of care. Additional analysis of the National Data Base will soon be available so that interested institutions can plan and develop specific service delivery programs that have proven effectiveness and hospital cost containment. (The Model Systems are authorized under Section 311 of the Rehabilitation Act, as amended, and were funded at a level of $4.5 million in Fiscal Year 1979.)

INTERNATIONAL RESEARCH

Two new research and demonstration projects were initiated in 1978 following a Congressional appropriation of Special Foreign Currency funds to the NIHR. Both of these new international research projects were approved for Egypt and are entitled: (1) "Development of a 'Model' for the Rehabilitation of the Mentally Retarded in Egypt," and (2) "Development of Vocational Work Evaluation System in Egypt."

A number of projects were completed and Final Reports submitted. One project was completed in Calcutta, India entitled "An Investigation of Training Techniques to Help Rehabilitate Blind People in Industry and in Agriculture in India with Follow Up and Evaluation of the Results of the Resettlement and Rehabilitation Programs."

Another project was completed in Egypt entitled "Establishment of a Comprehensive Research and Training Center in Mental Retardation at Mataria in Egypt."

At the close of the year, there were forty active projects being conducted in ten different countries. One-hundred and fifty projects have been completed and final reports have been compiled and included in an annotated listing. This listing is available from the Office of International Affairs, NIHR and the system located at Catholic University in Washington, D.C. has compiled the data. This information is entitled "Bibliography - International Rehabilitation" and lists pertinent details of each completed research project.

Six projects were funded under Section 204(b)(5) of the Rehabilitation Act. They were entitled:

International Perspectives on the Economic Aspects of Disability -- Rehabilitation International USA (RIUSA)

University Centers for International Rehabilitation-MSU -- Michigan State University

International Information and Dissemination and Visitors Service -- Rehabilitation International USA (RIUSA)

International Exchange of Experts -- World Rehabilitation Fund, Inc.

International Exchange of Information -- World Rehabilitation Fund, Inc.

Partners Rehabilitation Education Program (PREP) -- National Association of the Partners of the Alliance

Inter-Relationships Built on Common Concerns for the Rehabilitation of Handicapped People (Africa) -- People-to-People

Site visits for monitoring programs were funded under P.L. 86-610 and 204(b)(5) of the Rehabilitation Act for more than seventy international scientists and American consultants.

The second Japanese Study Group of twenty-five National leaders from the field of industry and business visited four cities (New York, Washington, D.C., New Haven, Conn. and Los Angeles, Calif.) They met with employers, as well as local, State and Federal government officials and representatives from Mayors' Committees and the President's Committee on Employment of the Handicapped, as well as a number of handicapped individuals in different work situations. Their main concern was to observe how the United States places those with handicapping conditions into employment.

A delegation from Zagreb, Yugoslavia came to the United States and was interested in receiving guidance and technical assistance as they planned to build a rehabilitation center for those receiving occupational injuries in their places of work. Arrangements were made for this planning group to visit New York City, Washington, D.C., Fishersville, Virginia and Philadelphia, Pennsylvania.

Several seminars and conferences were also held overseas during the year, including: The Conference on Rehabilitation Engineering at the Academy of Medicine, Poznan, Poland.

The Fourth United States/Polish Medical Week, with the theme "Rehabilitation Science," was held in Poland in late September. This Seminar was encouraged by the Secretary of Health, Education and Welfare and by the Minister of Health. The three previous seminars were concerned with health education, occupational health and cardiovascular problems. A team of ten Americans, representing different specialties, were invited to participate in this Seminar.

It is important to note that the United States was one of twenty-three countries selected by the United Nations to participate in the planning for the International Year for Disabled Persons (IDYP)-1981. The first planning meeting was held in March 1979 and a second is being planned for 1980. The United States is now moving ahead on this overall planning and has provided an initial grant to non-government organizations to form the United States Council for IYDP. A steering committee was formed to include The White House, the Department of State and the Department of Health, Education and Welfare and an Interagency Committee, made up of all the departments and offices within the government and meetings are being held on a bi-monthly basis.

REHABILITATION ENGINEERING PROGRAM

FEDERAL FUNDS - $7,200,000

The original five Rehabilitation Engineering (RE) Centers were established within the United States in 1972 through funding under the Rehabilitation Services Administration's research program. In subsequent years, the number of Centers has grown to twelve in the United States and three in other countries. Each Center is an integral part of a closely knit network devoted to improving the quality of life of handicapped people through research, training and service in Rehabilitation Engineering.

Mission and Organization of the Centers

The Rehabilitation Engineering Centers have, as their purpose, the development of innovative methods of applying advance in medical technology, scientific achievement and psychological and social knowledge. These programs are designed to produce new scientific knowledge, equipment, devices and combination systems which are suitable for solving problems encountered in the rehabilitation of handicapped people.

Each of the Centers is required to establish official working relationships with institutions of higher education in the field of medicine, engineering and related sciences. Each assists in the development of manpower and training programs through which the techniques, hardware and systems developed can be introduced safely into the service delivery systems.

Duplication of effort is avoided through the strong emphasis on inter-center coordination. Accordingly, the Centers are closely supervised and guided by a select Coordinating Commission which regularly reviews the progress of all projects in each Center. One of the important initial recommendations made by the Commission was that each Center be required to concentrate its research effort on a substantial introduction of engineering and related sciences' expertise. As a result, each Center has developed an approved "core" area of research emphasizing a particular area of scientific strength and interest and reflecting the needs of the major patient populations of the Center.

Interagency Conference on Rehabilitation Engineering

The second annual Interagency Conference on Rehabilitation Engineering was held in Atlanta, Georgia. The major objective of this conference, jointly sponsored by NIHR and the Veterans Administration, was to inform consumers, professionals, Congress and the Administration about the coordinated efforts of the many Federal agencies working in Rehabilitation Engineering. Sub-objectives of the conference focused on the need to: (1) seek consumer input when establishing rehabilitation engineering programs; (2) develop and offer an in depth seminar training program to professionals in the area of "Mobility Systems for Severely Disabled" and (3) stimulate private industry to produce and market devices and systems developed through the Rehabilitation Engineering programs.

Equipment for the disabled and up-to-date results of some of the major research efforts underway with Federal and private support were exhibited. Items displayed included: (1) automotive and transportation adaptations for the severely handicapped; (2) architectural and environmental adaptations and controls; (3) wheelchairs; (4) electronic systems for artificial limbs and braces; (5) functional electric stimulation of paralyzed nerves and muscles; (6) direct attachment of prostheses to bones; (7) reading machines for the blind; (8) communication systems for the deaf and patients/clients with nonvocal communication disorders.

Research in FY 1979

University of Iowa R.E.

A prime focus of the program at the University of Iowa is the identification, evaluation and rehabilitation of patients with instability of the spine.

The University's effort is divided into four main areas: (1) the development of methods to measure disc instability; (2) the development of methods to objectively measure clinical parameters of low back dysfunction; (3) the clinical rehabilitation of low back pain associated with disc instability; (4) the determination of prevalence rates of low back disorders in regional agricultural groups. The research activities focus on the development of quantitative means of accurately measuring three dimensional movement between adjacent vertebra of the lumbar spine to determine the correlation between clincially identifiable and rediographically identifiable instability of the lumbar spine. Other projects continued during the year focused on the development of objective means of measuring parameters such as gross motion, muscle spasm and muscle strength, as well as studies to predict the prevalence of low back pain in Regional occupational groups.

Northwestern University R.E.

Considerable scientific and engineering effort is being expended to improve the materials, designs and techniques of hip, knee and other joint implants at the Rehabilitation Engineering Center at Northwestern University. The University effort is divided into four main areas: (1) a study of current successes and failures of implants with emphasis on the knee prothesis; (2) the design and development of devices and techniques to solve identified problems; (3) the identification of material problems and their possible solutions and (4) a study of joint function, with special emphasis on the supporting structures that contribute to stability or instability.

Case Western Reserve University R.E.

The core area of research of the Case Western Reserve University R.E. Center is the functional electrical stimulation of paralyzed muscle. Specific projects include the development of a system employing electrical stimulation to provide controlled prehension and release for the quadriplegic patient. Associated projects concern the development of a shoulder position transducer system suitable to supply command signals for mobility and environmental control, as well as for control of orthotic/prosthetic appliances. The Center has also conducted studies to evaluate means of improving the control of involuntary muscle contractions through application of chronic electrical excitation.

Progress in the area of upper extremity functional electrical stimulation has resulted in the development of a small, portable stimulator to be used by high level spinal cord injury patients to provide controlled prehension and release. This system has been designed to eliminate many of the restrictions of a prototype system, such as complexity of donning and unreliable performance.

Studies involving tendon transfer have yielded important information regarding physiological properties of the upper extremity musculature and provide the surgeon with important means to assess intraoperatively the function of the transferred muscle. A shoulder position transducer to provide command signals has been redesigned and developed. This transducer is designed to provide a proportional signal source for high level spinal cord injury patients. This controller has also been applied to powered wheelchair control.

Harvard-MIT R.E.

The Harvard-MIT Rehabilitation Engineering Center seeks to rehabilitate severely handicapped people by applying highly sophisticated engineering technology and theory. As part of the endeavor, the gait analysis laboratory at Children's Hospital Medical Center has developed a system for acquisition, processing and analyzing the three major measurable parameters of gait: all limb segment motion, muscle group activity and foot-floor reaction forces. Using a PDP 11-10 minicomputer and incorporating technological advances and in-house developed equipment, the system directly measures or indirectly calculates the biomechanical parameters of gait in real-time. A better understanding of the neural control and complex dynamics of gait in the handicapped patient can be achieved and could lead to the development of simple treatment programs and uncomplicated assistive devices.

University of Michigan R.E.

The focus of research, development and service delivery for the Rehabilitation Engineering Center of the University of Michigan is on ways and means of enabling disabled individuals to drive personal vehicles. The field of focus includes research, design, development, fabrication, maintenance, reliability and safety of the physical devices and systems that will be used to modify vehicles to facilitate driving and control.

Rancho Los Amigos R.E.

The Rancho Los Amigos Center in California uses electrical stimulation of the knee and hip muscles during the stance phase of gait training of marginally ambulatory patients. The technique has allowed ambulation at a level not possible, without stimulation. In addition to serving as a functional device, the stimulator increases normal therapy effectiveness and provides a training effect in itself by strengthening muscles and facilitating patient response through sensory feedback.

Smith-Kettlewell Institute of Visual Sciences R.E.

The Center at the Smith-Kettlewell Institute of Visual Sciences is developing new devices and techniques permitting employed blind persons to perform tasks generally requiring vision. The new technology of precision input devices associated with computer controlled automatic systems has made the development of relatively inexpensive instruments possible.

The two major areas of research focus on: (1) comparison-type auditory meter readout and (2) precision input devices. The comparison-type auditory readout includes an adjustable voltage standard with Braille calibrations which is compared with the unknown signal voltage being measured. The voltage standard is adjusted manually so that its output matches the unknown signal. The Braille calibrations on the adjustable standard are then read factually. Two major designs utilizing the comparison-type meter reading circuit for individuals were completed. First, a variable frequency readout system was designed and built for use in noisy environments. Second, a modular-meter-reader package, using the pull out approach, was designed, built and then turned over to Dynametron Instrument Company for final production and manufacturing.

Linear-variable differential transformers (LVDT's) and rotary-variable differential transformers (RVDT's) constitute a category of precision input devices which will play an important role in the design of measuring instruments for the blind. Specific instruments using precision input devices developed in S-K laboratories include: an industrial weighting scale using an LVDT connected to a force-to-displacement converter; a precision protractor using an RVDT to sense the angle of an indexing arm; two dial micrometer devices for use by blind machinists.

RESEARCH AND TELECOMMUNICATIONS

The Rehabilitation Act of 1973, as amended, includes within its description of services to be provided handicapped individuals' "telecommunications, sensory and other technological aids and devices." A survey in 16 States of radio, television, telephone, computer, microwave networks, etc. revealed that some promising applications were in evidence, but there was a need for clarification of the appropriateness of various telecommunication systems.

It was clear that the telephone network (conferencing, data exchange, slow-scan television) was the most cost effective medium for the delivery of many services, yet it was often overlooked because the variety of information formats deliverable over the telephone were not readily apparent. The telephone, with special attachments to various end instruments such as the teletypewriter, telewriter, television, etc. could transmit not only voice signals but typewritten materials, script, drawings, pictures, etc., in both real and delayed time, all of which have significant application to the delivery of VR services.

Activities

Much effort has been devoted to identifying the kinds of training appropriate for delivery to homebound clients. The software/programming for the training was examined in light of the systems selected (i.e. audio tapes for radio, video tapes for television, still pictures for slow-scan TV/telephone).

In a related project, handicapped consumers in Oklahoma are participating in policy issues via the Statewide Interactive Educational Television network. Plans for using other types of systems to enhance consumer involvement were being developed.

In the area of developmental disabilities, telecommunications is being explored in depth. A series of demonstrations is being designed to show how existing systems can be used to improve direct client services, training and research activities and administration. These demonstrations are expected to have analagous benefits to all programs serving the handicapped nationwide.

REHABILITATION RESEARCH AND TRAINING CENTERS

FEDERAL FUNDS - $14,825,000

The Rehabilitation Act authorizes the establishment and support of Rehabilitation Research and Training (R&T) Centers for the purpose of providing coordinated and advanced programs of research and training in rehabilitation. From an initial appropriation of one million dollars in 1962 to establish the first two medical rehabilitation Research and Training Centers at New York University and at the University of Minnesota, the program has expanded through the years to twenty-one Research and Training Centers. Two additional Centers, one in mental illness (at Boston University) and one in blindness (at the University of North Carolina) were established in FY 79. Annually, the Centers conduct over 400 research projects and 600 training programs for over 60,000 trainees from some 26 different rehabilitation and health related disciplines. Grants to the individual Centers range from $300,000 to $1,500,000.

R&T Mission

The R&T Centers undertake research that will improve rehabilitation methodology and service delivery systems, alleviate or stabilize handicapping conditions and promote maximum social and economic independence. They conduct related teaching and training programs to disseminate and promote the utilization of the research findings, thereby reducing the delay between the discovery of new knowledge and its wide application in practice. Additional training responsibilities include: (a) increasing the number of rehabilitation personnel in fields where acute manpower shortages exist; (b) training rehabilitation research and service personnel; (c) incorporating rehabilitation education into all rehabilitation related University undergraduate and graduate curricula and (d) improving the skills of rehabilitation students, professionals, paraprofessionals, volunteers, consumers, parents and other personnel currently participating in the rehabilitation process. These objectives are achieved through short and long term in-service and continuing education programs including seminars, workshops, courses of study, conferences and demonstrations - all for the ultimate purpose of improving the effectiveness of the rehabilitation program.

Special Features of the R&T Center Program

The special features of the Research and Training Center program are its conceptual design and breadth of its activities:

1. The Centers are integrated or affiliated with leading universities and service programs. The placement of the Centers within universities provides ready access to other professionals and physical resources located in the host university. By coordinating research, sharing staff, equipment and other resources of the university, each Center can augment its own capabilities.

2. The geographic decentralization of the Research and Training Center program has resulted in the distribution of the Centers (and consequently, staff, expertise, facilities and equipment) to nine of the ten HEW regions in the country. In addition, through the Regional Advisory Councils of the respective Centers, the needs and interest of regional rehabilitation professionals and consumers become known to the Centers. Finally, decentralization has encouraged the spread of rehabilitation personnel of all disciplines to rural as well as urban areas.

3. The major Research and Training Center activities - research, training and service - are expected to be mutually supportive. Specifically, this synergistic concept calls for research findings to be disseminated through training and for new professionals to be attracted to research and service through training. This concept offers great potential for promoting: (a) research of relevance to practitioners; (b) an inter-disciplinary mix of staff and (c) more rapid transmission of new knowledge from researchers to practitioners.

4. The concept of programmatic research, one of the hallmarks of the Research and Training Centers, requires that each Center identify a limited set of specific core areas which constitute the focus of its research effort. Individual research projects are expected to be related and to contribute cumulatively to a coherent body of knowledge for the resolution of practical problems.

5. The availability of the resources residing in external organizations and agencies for Center use is another distinctive aspect of the Research and Training Center program. By coordinating staff, equipment, facilities and funds with programs and agencies that administer or provide direct services, the Research and Training Centers can increase their capabilities to undertake research and training which would otherwise be beyond reach.

R&T CENTER CORE AREAS

A. Medical Rehabilitation Research and Training Centers

1. University of Minnesota Medical Rehabilitation Research and Training Center

The Center was established in 1961. The areas of research at the Center are:

a. Spinal Cord Injury. Research in this area has been designed to attack problems of neurogenic renal and vesical dysfunctions of the spinal cord injured. The psychological, social and vocational adjustment of the spinal cord injured is also studied, including community integration.

b. Cardiac Rehabilitation. Studies in this area concentrate on cardiac, pulmonary and vascular requirements for activities of normal performance and adaptations to the requirements of normal living following pathological changes. Though various aspects of cardiac diseases are considered in the research, many deal with the development and use of the Minnesota Impedance Cardiograph, a non-invasive method for evaluation of cardiac output.

c. Neuromuscular. Studies in this area are directed toward studying the causes, effects and adaptations related to injury or impairment of function in the neuromuscular system. Specific research is directed toward studying the changes in the structure, ultrastructure, innervation and enzymes of skeletal muscular diseases to identify the causes of muscle weakness, quantitative and qualitative evaluation of muscular hypertonia in patients with central nervous system diseases to determine the effects of various therapeutic procedures.

d. Ergonomics in Rehabilitation. The objective of this research area is to advance knowledge of the therapeutic exercise that allows training of coordination as well as increasing muscular strength of patients with problems of dysmobility.

e. Rehabilitation Health Care Delivery. Research on health needs and the efficacy and efficiency of various modes of health services in rehabilitation is being conducted. Research on health maintenance is investigating the durability of rehabilitation gains and provides health care professionals with data on the ability of patients to maintain their levels of achievement once they leave the hospital. Research dealing with efficiency and cost accountability analyze the outcomes of rehabilitation and the cost of care for patients without and with rehabilitation. Efficacy research deals with the development of efficient data storage and retrieval from which decision making on basis of patient treatment can be made.

f. Psychosocial-Vocational. Research is on problems in the psychological, social and vocational areas which relate to ability to adapt to or respond to the requirements of normal living. Research deals with such topics as vocational placement of disabled individuals, motivational studies and attitudinal studies.

2. University of Washington Medical Research and Training Center

The University of Washington Research and Training Center was established in 1962. During its 17 years of operation, research expertise has been developed in the following areas:

a. Bioengineering. Within this area are two research foci. Research in Biophysics is studying the bioeffects of non-ionizing radiation (electromagnetic, high frequency current acoustic wave propogation, radiant and conductive heat) resulting in improved designs of therapeutic applications in the various modalities for safer and more effective use. The basic rationale for the use of a specific method to heat specific human structures is also underway. The biomechanics research foci is upon detailed theoretical and actual study of lower extremity biomechanics and more precise fitting of orthotics to patient needs. Analyses of commercially available and experimental orthoses continues to be made.

b. Behavioral Sciences. Research in this area centers around learning-based behavior modification strategies to traditional rehabilitation by increasing self-care skills in the physically disabled and decreasing the impact of chronic pain. Work focuses on those items which might be predictors for success or failure in a contingency management program. Biofeedback represents another more specialized and technological application of learning-based strategies. Additionally, different treatment methods in speech and communication problems are being tested for their effectiveness.

c. Neurophysiology. Neurologic diseases make up the major portion of disabling disorders seen in a rehabilitation setting. The core area is directed to the medical rehabilitation management of neurologic disorders. Research is concentrating on ideopathic neuropathies, parkinsonism, peripheral nerve injuries and improved clinical techniques. Diseases such as shoulder girdle neuritis, transverse myelitis, gullainbarre syndrome, etc. are also concentrated upon.

d. Muscle Physiology. The research program focuses upon both diseased and normal muscles and how to maximize the positive functions of both and how to minimize the secondary disability resulting from impaired muscle control. Mechanisms of muscle contracture and management of spasticity are also research concerns.

e. Health Care Delivery. Research projects in this area address the shortage of trained manpower in the health care delivery system, projected medical health manpower needs, identify obstacles to rehabilitation.

3. New York University Medical Rehabilitation Research and Training

a. Neuromuscular Disease. The research in this area relates to two phenomena: acquired or hereditary myopathies or neuropathies. Projects are aimed at clarifying measurement of deviations from the normal in myotonic dystrophy, arresting bone resorption resulting in myositis ossificans in the spinal cord injured, relating deranged sympathetic activity in this population with hypercalcuria, fractures, hypertension and decubitus ulcers and utilizing biomedical computer applications to provide better diagnostic techniques and myoelectric concepts as well as biofeedback to improve levels of function in this population.

b. Orthotics - Prosthetics. This area focuses upon immediate and practical improvements in the design and fitting of devices for persons who require extra-skeletal support. Various electronic devices to increase mobility and independence of very high level quadriplegics are being developed or improved. In addition, an adaptation of the Milwaukee brace which includes a biofeedback mechanism for treating scoliosis patients is being designed.

c. Cardiopulmonary. The effects of rehabilitation on such factors as job placement, maintenace of employment of persons with obstructive pulmonary diseases and the factors underlying improvement on respiratory function following cervical cord injury are being studied.

d. Behavioral Science. This area focuses on two points. The first is demonstrating the benefits of early identifications of psychosocial problems and early intervention toward rehabilitation of cancer patients. The second deals with the diagnosis and remediation of cognitive and perceptual deficits in the brain damaged population, whether it be acquired through trauma or Cerebral Vascular Accidents. In addition, projects concerned with the speech pathologies in this population are included as well.

Engineering

e. Projects include development of transfer devices for the severely disabled, feedback control systems, etc. In addition, evaluation of devices for this population is included.

4. University of Alabama Medical Rehabilitation Research and Training Center

The University of Alabama Research and Training Center was established in 1966. The research core areas are:

a. Spinal Cord Injury. Research studies in this area address therapeutic agents, various treatment modalities and basic research questions, each intended to fill voids in knowledge gaps in rehabilitation of the spinal cord injured. The effects of disodium etidronate on ectopic calcification and acute osteoporosis is being studied. Other projects focus on long-term urinary sterilization: source of urinary tract infection, voiding patterns to better evaluate treatment methods, temperature factors in maintaining euthermia, camera methods of following renal functions and urologic management, pain in spinal cord injury and long-term follow-up of patients who become catheter free.

b. Metabolic Effects of Severe Disability in Both Static and Dynamic Conditions. This research area is evaluating the physical energy required to perform specific tasks of a broad spectrum of conditions and/or diseases.

c. Assessment of Long-Term Needs of the Severely Physically Handicapped. Activities in this core area are designed to lead toward the development of definitive information essential to the development of strategies to prevent the occurrence of costly interruptions to successful rehabilitation. Research is focusing on the extent to which exposure to rehabilitation medicine experience influences physician practice, methods for overcoming disincentives to the rehabilitation of SSI and SSDI beneficiaries and cost effectiveness of home health team activities.

d. Biocommunications. Research in this area is designed to create new knowledge relative to the process of oral communication of the deaf and the development of corrective therapeutic modalities.

5. George Washington Medical Rehabilitation Research and Training Center

The George Washington Center was established in 1965. Research focus is upon Psychosocial, Vocational and Performance Capability Studies in Severe Disabilities.

a. Psychosocial. Research is directed toward the development of instruments/methodologies for identifying psychosocial variables which affect brain damaged either from trauma or from cerebral vascular accidents.

b. Vocational. Research is concentrating upon new approaches and new engineering techniques for employing the severely disabled homebound individual.

c. Performance Capability. Research is directed toward identification and quantification of neurologic variables which affect learning behavior and effects of peripheral nerve injury in end stage renal disease of a person's performance capability and employment.

6. University of Colorado Medical Rehabilitation Research and Training Center

Established in 1965, this Center's research focuses solely on Cardiopulmonary rehabilitation.

a. Cardiopulmonary. The research efforts deal with major physiologic problems in cardiopulmonary rehabilitation with balance studies which empirically test the therapies already known and their consequences on the psychosocial and functional areas. Additionally, new tools to expand the ability to determine what is happening and why, in cardiopulmonary rehabilitation, are being developed.

7. Emory University Medical Rehabilitation Research and Training Center

This Center was established in 1964. The research areas are:

a. Biofeedback Systems. A major research focus is on the evaluation of neurophysiologic and neuropathologic behavior and the evaluation and application of biofeedback systems to the rehabilitation of the neuromuscular skeletal disabled person.

b. Societal Influences on Disability. Other areas receiving attention are research in determining the effect of societal influences on neuromuscular skeletal disorders and the modification of these influences to reduce disability.

c. Vocational Rehabilitation Organizational Systems. The organizational aspects of the vocational rehabilitation systems are also being examined to determine factors which influence vocational achievement and to develop successful models for rehabilitation.

8. Tufts University Medical Rehabilitation Research and Training Center

This Center was established in 1964. The research focuses on three areas:

a. Universe of Need/Patient Care (Functional Evaluation). This area is establishing a uniform and acceptable method of functional assessment and development of a systematic means to study the data related to functional assessment for the purpose of enhancing accountability in the delivery and follow through of rehabilitation services.

b. Consumer Involvement in Rehabilitation. This core area is focusing on research which will assist disabled individuals in society in understanding and meeting the needs of disabled individuals through consumer participation. There are two basic research goals. One is to explore the role of the consumers themselves as a force in advancing the effectiveness of the rehabilitation system and the second goal is to explore methods of consumer organizations in the planning, delivery and evaluation of medical, vocational, environmental and independent living rehabilitation services.

c. Biomedical Engineering. Research is directed toward design of human communication systems for non-verbal individuals and low cost vacuum forming techniques to produce quality plastic bracing.

9. Northwestern University Medical Rehabilitation Research and Training Center

The major areas of research at this Center, which was established in 1968, are:

a. Spinal Cord Injury Rehabilitation. This area of research is approached by multiple disciplines and resources and does not have a single research coordinating unit. Research projects are directed toward: 1) prevention of urinary tract infection by evaluating dynamic defense mechanisms of the bladder against infection (method by which patient can determine sterility of own urine) and development and evaluation of devices which facilitate prevention and/or management (RTC-WU Catheter Kit), electrical activity of human bladders to determine bladder function, natural history of deep-vein thrombosis in spinal cord injured and idiopathic scoliosis.

b. Studies in Neuromuscular Dysfunction. Research is focused upon studying the morphological and histochemical changes in the human muscle spindle in spasticity to improve the accuracy of muscle diseases diagnosis and the role of neurotransmitter in spasticity genesis to understand the genesis of spasticity.

c. Rehabilitation Services Research and Evaluation. The research objectives are to develop and apply evaluative tools to assess rehabilitation programs, procedures and devices. These include information systems, criteria for prospective and retrospective evaluation (including measures of performance, adequacy of performance, cost effectiveness, process and problem identification and method of inferential discrimination). The management research projects are exploring post-rehabilitation problems and costs, the most appropriate and least costly methods by which patients in need of comprehensive medical rehabilitation should be served, development of a theoretical model as an aid to the planning and evaluation of rehabilitation services, development of an information system that will facilitate research and evaluation, patient and administrative management and education in a comprehensive medical rehabilitation center.

d. Behavioral Research Applied to Rehabilitation. A Behavioral Studies Unit is being developed as a coordinated center for the investigation of the psychological and sociological aspects of disability and rehabilitation. The principal problems to be addressed are those including behavioral adaptation to and resocialization following severe disability in man.

10. Temple University Medical Rehabilitation Research and Training Center

The initial grant to this Center was made in 1964. The research core of this Center's program is neurological/neuromuscular diseases. Currently, the research programs are focused on investigation and projects in the following major areas:

a. Vision, visual systems and their functional correlates with a purpose to provide a quantitative clinical-physiologic-functional analysis of certain visual systems disorders related to the inability to position eyes adequately in order to provide sufficient information to the central nervous system.

b. Posture and Locomotion.

c. Neural Control Mechanism, i.e. Muscle Recruitment Properties and strategies and Nerve Conduction. Identification and quantification of characteristics parameters of muscle usage patterns to provide a rationale and evaluation approach to therapeutic muscle conditioning and motor training programs.

11. Baylor College of Medicine Medical Rehabilitation Research and Training Center

The Baylor College of Medicine Medical Rehabilitation R&T Center was founded in 1962. The core areas of research are:

a. Spinal Cord Injury. Information needs associated with the comprehensive rehabilitation of spinal cord injured persons continue to be the principle focus of the center's research program. The current research activities are directed toward: analyzing distrubances in calcium and collagen metabolism with respect to urinary tract stone formation and proneness to develop skin ulcers, developing improved neurophysiological treatment techniques to reduce spasticity and restore voluntary control of movements, innovations in the surgical correction of the unstable, fractured spine using Harrington instrumentation, developing a model surveillance system for the pharmacological management of spinal cord injured patients, establishing a systematic data base needed to provide more effective vocational rehabilitation services for quadriplegic clients, systematic description of the vocational readjustment process following severe spinal cord injury.

b. Independent Living for Severely Handicapped Individuals. Demonstrating the effectiveness of cooperative living arrangements in the community, developing and assessing the effectiveness of a transitional living program aimed at helping clients acquire the skills necessary to take advantage of educational or vocational opportunities and to maintain active social participation, formulating and testing architectural design concepts and specifications for living systems that meet the needs of a broader range of our population including persons with severely limited physical functioning.

c. Behavioral Ecology. Developing direct observational techniques and remote monitoring procedures for assessing patients' course of rehabilitation both inside and outside the hospital and for evaluating the effectiveness of specific rehabilitation programs.

d. Cardiac Rehabilitation. Evaluating the effectiveness of reconditioning exercise for patients with ischemic heart disease and determining the biochemical bases of these effects.

e. Clinical Applications of Biostereometrics. Applying three-dimensional measurement techniques to quantifying anatomic deformities or alterations of physical functioning associated with scoliosis or brain damage.

B. Vocational Rehabilitation Research and Training Centers

1. University of West Virginia Vocational Rehabilitation Research and Training Center

This Center was established in 1965 and operates under a cooperative agreement between the University of West Virginia and the West Virginia Division of Vocational Rehabilitation. Core areas of research are the following:

a. Program Evaluation. Research in this area is concerned with the development and testing of techniques and strategies for assessing vocational rehabilitation program performance to provide a context for self-evaluation.

b. Programmatic Barriers to Vocational Rehabilitation. This research area deals with the identification of program barriers to the achievement of program goals. The class of barriers are those that are presented by the very programs whose intent is to serve the disabled, e.g. interaction among two programs - SSI and SSDI and financial disincentives to rehabilitation, etc.

2. University of Arkansas Vocational Rehabilitation Research and Training Center

The University of Arkansas Vocational Rehabilitation Research and Training Center was established in 1965. The Center operates under a cooperative agreement between the Arkansas Division of Vocational Rehabilitation and the University of Arkansas. The four areas of research focus upon:

a. Rehabilitation Counseling. Research activities in this area are designed to lead toward the development and/or discovery of knowledge and skills which will result in greater effectiveness of rehabilitation counselors with clients who demonstrate psychosocial and vocational problems.

b. Psychosocial Treatment Strategies. The basic focus of research is on the diagnosis of problem behaviors, implementation of psychosocial treatment programs and evaluation of these programs' effectiveness of progress on behavior modification.

c. Program Evaluation. Research in this area is designed to provide rehabilitation program evaluators with techniques for evaluating the effects of rehabilitation services on client psychosocial and vocational adjustment.

d. Unique Rehabilitation Programs. This is a new core area and will focus upon the identification of unique programs and approaches in the delivery of rehabilitation services and the dissemination of information to service providers.

3. University of Wisconsin-Stout Vocational Rehabilitation Research and Training Center

This Center was established in 1972. Research focus is upon:

Vocational Assessment. The primary focus of research is to determine the utility of vocational evaluation and other related assessment services in facilitating the rehabilitation process.

C. Deafness Rehabilitation Research and Training Centers

1. University of California, Langley Porter Institute, Deafness Rehabilitation Research and Training Center

The Center was established in 1977. Core area of research is:

Research on psychology of deaf persons focusing on work adjustment, motivation and performance.

2. New York University Deafness Rehabilitation Research and Training Center

The Center was established in 1966. The core area of research is:

Improvement of Delivery of Services to Deaf Clients.

D. Mental Retardation Rehabilitation Research and Training Centers

1. University of Wisconsin Mental Retardation Research and Training Center

The Center was established in 1966. The research program focuses on the following areas.

a. Rehabilitation of Families at Risk for Mental Retardation. Research concentrates on comprehensive family rehabilitation which has as its main objective the developmental aspects of retardation with the essential objective of normalizing family units in a variety of community settings that have been, to date, unapproachable utilizing traditional rehabilitation practices. This approach continues to attempt to demonstrate new rehabilitation techniques which will provide a systematic intervention point in ongoing community service delivery systems.

b. Rehabilitation of the Adolescent and Young Adult Retarded with Severe Behavior Deficit. Research in this area is concerned with rehabilitation process of adolescent and young adult retarded and severely disabled persons with behavioral deficits which can serve as impediments to their effective vocational and/or social adjustment process. This approach is dealing with the identification of and programming for severely disabled clients referred for evaluation purposes from active rehabilitation facilities programs. The identification of more precise rehabilitation techniques and procedures for this population is the primary objective of this research and clinical service program.

c. Development of Community Alternatives for Severely Disabled Mentally Retarded Clients. Research in this area is investigating community alternatives with severely disabled retarded persons. In the absence of adequate community services for the mentally retarded who have been relocated in a variety of community settings, these investigations involving a variety of research techniques are attempting to isolate the needs of these types of persons for habilitation or rehabilitation services.

2. University of Oregon Mental Retardation Research and Training Center

Established in 1966, this Center's focus of research is on two areas:

a. Program Related Assessment. Research is targeted toward the development of client assessment strategies as well as specific instruments that measure the behavior of mentally retarded adults that are critical determinants of their potential for community adjustment.

b. Professional Growth and Development. Research activities in this area are aimed at improving the understanding of the major roles and functional demands of supervisory and management personnel in rehabilitation agencies, e.g. staff development specialists, rehabilitation educators and first-line supervisors of rehabilitation counselors.

3. Texas Tech University Research and Training Center in Mental Retardation

Established in 1972 as a replacement for a discontinued Center, the research reflects the needs and interests of the service providers. The research core areas are:

a. Work Potential of the Retarded is the exploration of the capacities for employment of mentally retarded persons, including those not traditionally eligible for vocational rehabilitation services because of the severity of the disabilities.

b. Counseling the Mentally Retarded and Improving Service Delivery. Crucial to this core area is the role of the counselor in habilitating mentally retarded clients. It includes research which evaluated rehabilitation programs toward the end of improving service delivery.

c. Deinstitutionalization and Community Adjustment of the Retarded. Studies in this area are exploring key variables associated with successful community attitudes and community based residential facilities.

E. Rehabilitation Research and Training Center in Mental Illness

Boston University Research and Training Center in Mental Illness

The Center was established in 1979. The areas of research at the Center are:

Psychological, social and vocational problems of persons with severe and/or persistent functional impairments resulting from mental illness.

F. Rehabilitation Research and Training Center in Blindness

North Carolina University Blindness Research and Training Center

The Center was established in 1979. The areas of research at the Center are:

Research in job identification, development and selective placement. Research to maximize the use of residual vision for rehabilitation of the blind.

INFORMATION SYSTEM

The Rehabilitation Services Administration has established a Special Centers Information System to keep all segments of the rehabilitation community abreast of the latest advances in research and training at the Research and Training Centers. This system consists of:

1. THE INFORMER, a quarterly newsletter describing research training and other activities of the Research and Training Centers.

2. An annual Directory of Research conducted by the Research and Training Centers.

3. A Training Directory published annually and describing the Centers' training activities.

4. A Bibliography of Research and Training Centers' Publications.

5. An Audiovisual Aid Directory.

RESEARCH UTILIZATION (RU)

Goals

Production of R&D knowledge for use in service programs is stressed throughout the legislation authorizing NIHR, as it was in prior VR legislation. Accordingly, a strong emphasis on utilization has continued during the past year. Grantees are encouraged and helped to submit final R&D reports that will, in themselves, promote utilization. An effective network of information services has been formed. Linking of research with users - by conferences, joint user-researcher planning of research, use of expert RU consultants and of Research Utilization Laboratories - has continued. Generation and acquisition of new knowledge on change, innovation and utilization has also remained an important goal, along with removal of barriers that inhibit change. Utilization of engineering and assistive devices is being given increased attention. Expert packaging of R&D results and careful dissemination to targeted users, has been vigorously pursued. Promotion of the international use of R&D results and other knowledge has also been included as an essential goal. Finally, evaluation of all utilization activities is a continuing goal.

RU Project Highlights

The National Rehabilitation Information Center (NARIC) has moved into its own building, expanded its document collection, improved its links with similar data banks and is now offering substantial services to VR practitioners, supervisors and policy makers in the field and in Washington, including extensive searches on topics of concern to these users.

Packaging of R&D results and other knowledge for all classes of users in the field, including handicapped persons themselves, has been vigorously pursued. Eleven Rehab Briefs on such topics as "Organizational Cooperation" and "Post-Employment Services for Emotionally Ill Clients" were produced and each disseminated to 25,000 users in the field. The Materials Development Center in Wisconsin continued to develop and disseminate needed documents on work evaluation, vocational adjustment and facility management. The Emerging Issues Project produced and disseminated four excellent state-of-the-art documents for consumers and rehabilitation service providers, one of which covered in useful detail how handicapped persons can access, influence and use the media.

Four Research Utilization Laboratories continue as organizational links between research and practice. Two emphasize use of assistive devices and rehabilitation engineering products and one of these has found solutions to over 200 engineering-type problems of actual clients. A third has become a distinctive resource on Program Evaluation and proven service delivery models as ways to improve services for clients, and a fourth has summarized all its RU findings over a nine-year period.

Emphasis on trans-national use of VR expertise and knowledge has continued, including exchange of experts, preparation of state-of-the-art papers on topics of international concern and a special University Center to collect and disseminate international VR information. A new one-year project on international aspects of the economics of disability and VR services was also funded. Working with United Nations data, it will publish and distribute a report on the International Socioeconomic Implications in Rehabilitation.

NIHR looks forward to a more systematic RU program that will include additional elements, such as programmatic research on RU itself, organizational development to promote change and selected demonstrations of blue ribbon VR service ideas based on R&D or other knowledge.

ADVOCACY AND COORDINATION ACTIVITIES

ADVOCACY AND CONSTITUENT RELATIONS

World War II and the ensuing years brought about much activity and progress in the general field of rehabilitation and encouraged an initial consciousness on the part of disabled veterans of their need to organize and act to secure benefits and services essential to their participation in many of the processes of living. It took the events of the 60's and the influences of the activities of the Civil Rights Movement to create an awareness among disabled people of their rights as citizens for equality, opportunity and dignity within society. This awareness gave impetus to a new direction for the consumer organizations in that they began to articulate the needs of handicapped individuals and recognize the importance of being involved in the decision-making processes regarding services and programs designed by government and the private sector. These organizations of disabled people assumed a new role, the role of advocacy.

The Rehabilitation Act of 1973, P.L. 93-112, as amended, the Mental Retardation Facilities and Community Health Centers Construction Act, P.L. 164, as amended, and the Education for All Handicapped Children Act, P.L. 94-142, gave impetus to a changing role for the Federal government in the area of advocacy by providing some funds for individual and group advocacy programs within the States and by requiring the involvement of disabled consumers in the policy development and consultation aspects relative to program services.

Inherent in the philosophy and practice of the rehabilitation professions is a commitment to promote the well being and the rights of disabled persons so they may achieve their maximum potential and function within society with dignity, equality, independence and opportunity. The rehabilitation professions, therefore, are based on a framework of advocacy.

As a result of increased professional complexities, diverse economic factors, the evolution of distinct rehabilitative disciplines from other related professions and the gradual maturation of these disciplines, professional workers in the fields of rehabilitation many times have not fully addressed nor exercised their advocacy role for and with disabled people.

Gaps in understanding, cooperation and sensitivity have occasionally surfaced between rehabilitation professionals and disabled people. This has caused both groups to adopt defensive positions which in turn leads to lack of satisfaction and achievement of mutually shared goals.

Rather than rehabilitation professionals and disabled people using their combined efforts and energies to modify and eliminate societal prejudices and to obtain the services and programs to serve their constituencies, they have often widened the chasm between each other.

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The mission of the National Advocacy Program is to support the HEW effort to promote, protect and guarantee the rights of disabled individuals, to ensure the participatory involvement of disabled people in all aspects of the decision-making process as this relates to policies and programs within the Federal government, to ensure that all programs and services promote opportunities for and the independence of disabled people. In order to accomplish this mission, the National Program of Advocacy, housed in the RSA, and in cooperation with the Office of Civil Rights, must, through various programs, address the following five major publics and foster an atmosphere of cooperation in the work toward the common goal of enchancing the lives of disabled people:

1. THE DISABLED COMMUNITY consisting of current clients receiving services through various Federal or Federally sponsored programs or State funded and sponsored programs, disabled individuals who at one time received services from such programs and all other disabled individuals who potentially might use or be affected by such programs and any other individuals with a disability as defined in the Rehabilitation Act, as amended.

2. THE REHABILITATION PUBLIC OF GOVERNMENTS consisting of all personnel with the RSA, the State rehabilitation agencies and programs, the Developmental Disability programs and councils at State and local levels.

3. THE VOLUNTARY SECTOR PUBLIC consisting of all private voluntary service providers of National, State or local scope and professional associations and organizations providing services to, or interested in, fostering the concerns of people with disabilities.

4. THE OTHER GOVERNMENTAL PUBLIC consisting of all persons administering programs with the Federal, State or local government which directly, indirectly or potentially affect disabled people and the mission of the National Advocacy Program.

5. THE GENERAL PUBLIC consisting of interested and potentially interested persons whether or not they are directly concerned with disabled persons.

Definition

The following definitions of classification and types of advocacy approaches and techniques are offered:

Advocacy - To plead, argue, defend, address, promote a cause for a group. Advocacy implies a philosophy of positive convications and actions leading toward resolution of issues and problems, improvements in individual or group circumstances and/or changes in existing systems so as to make them more responsive and responsible to their constituents or to those they were designed to serve.

Self-Advocacy - An individual advocating for something on his own behalf.

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Individual Advocacy - An individual advocating for and on behalf of another person.

Group Advocacy - A collective of persons generally clustered within an interest framework to act conjointly.

Lay Advocates - Persons outside of government who possess little, if any, formal training in advocacy techniques and skills, who practice in the voluntary sector of society and who may or may not receive compensation for their efforts and actions.

Professional Advocates - Those who are skilled in the techniques of advocacy through formal training and/or experience and who receive compensation for their efforts and actions.

Case Advocacy - A method based on the use of skills and techniques, usually in a one-to-one type of situation and which, when necessary, resorts to use of court systems.

Systems Advocacy - A method using various skills and techniques to bring about desired improvements and/or changes in society or Government or their components.

Governmental Advocacy - A method practiced within a government setting which uses a variety of skills and techniques within a planned programmatic framework which is designed to accomplish specific goals and objectives related to the population it is advocating.

Current Activities

- Through contractual arrangements, a national training program was held for recipient organizations within the social welfare system.

- A task force helped to develop a National Plan on Advocacy which has been forwarded to the RSA Commissioner for review and final action.

- Two information exchange meetings with consumers and providers were held in Washington, D.C. in April and August 1979. Representatives of 140 organizations of and for disabled people attended these sessions.

- Each regional office has appointed a staff person whose main responsibility is Advocacy and Consumer Relations. Numerous training conferences were sponsored by regional offices in Advocacy and Consumer Involvement.

- There was a significant increase in the establishment of Advisory Councils in State VR programs in order to be in compliance with regulations pertaining to policy development and consultation (Chapter 25 of the

Rehabilitation Manual). Of the 83 State VR agencies (includes Blind agencies), 64 have Advocacy Councils in place or at various stages of development. In addition, ten State VR agencies have appointed full-time staff and set-up Offices of Consumer Involvement.

- Section 101 (a)(22) of the amended Act specifies that an information and referral program (hotline circuits) be developed. This program has not yet been funded; however, the States have begun to discuss standards that would be necessary for such a program.
- A workshop has been planned for those in regional offices assigned to Advocacy and Consumer Relations. The focus of the workshop is to assess current activities and to develop a future coordinated plan.
- A task force of 15 organizations representing deaf and hard of hearing persons convened to develop a position paper and a five-year plan to improve our functions and relationships with consumers.
- The Special Assistant to the Commissioner (in Advocacy) has met with more than 100 consumer groups and organizations around the country. The emphasis of these visits was to open and maintain channels of communications on pertinent issues to disabled people and to share positions on these issues of the Federal government and particularly RSA.

INTERAGENCY LIAISON

Cooperative linkages and relationships between rehabilitation agencies and other public and voluntary agencies are critical to efficiency, economy and integrated quality services for handicapped people. Handicapped people have equal rights of access to all generic public services and benefits. Interagency agreements strive toward greater achievement of these rights to marshal similar benefits to augment limited rehabilitation financial resources and to promote common goals of participating agencies while at the same time benefiting consumers through more coordinated and comprehensive services.

Activities During Fiscal Year 1979

National Institute of Mental Health - Rehabilitation Services Administration Cooperative Agreement

This written agreement provides for collaborative activities on the Federal level and cooperative linkages at the State and local level with emphasis upon community mental health centers. Four meetings were held among designated NIMH and RSA staff, as well as representation from the National Institute of Handicapped Research. Designated regional personnel assist State agencies in establishing working relationships with mental health facilities and consumer organizations.

Arising out of this agreement, a Mental Illness Rehabilitation Research and Training Center was established at Sargent College of Allied Health Professions, Boston University. The Center is jointly funded by the National Institute of Handicapped Research and the National Institute of Mental Health. Problems in rehabilitating persons disabled by mental illness will be attacked collaboratively by NIHR, NIMH and RSA, along with State and community agencies and consumers.

RSA provided information on mental health problems to State agencies and established mental health disabilities among the priorities of the special project authorities. Under the Section 311 authority for special projects for severely disabled persons, RSA had sufficient funds for only one of several worthy applicants. Three additional projects were financed by a transfer of NIMH funds in keeping with the spirit of our cooperative agreement.

Administration on Aging - RSA Collaborative Activities

A written cooperative agreement and guidelines for State and local cooperative programming between rehabilitation and the aging network has been developed. It has been reviewed by State and local agency program directors and is scheduled for final drafting and sign-off in early 1980.

Office of Education - RSA Collaborative Activities

Continuing from the previous year, collaborative activities were maintained with the Bureau of Education for the Handicapped and the Bureau of Occupational and Adult Education. A joint RSA-OE letter announced an initiative on cooperative programming between rehabilitation and secondary education, as well as providing program guidance and policy clarification.

A major national training workshop was conducted among all State directors of vocational rehabilitation, special education and vocational education. As a spin-off of this workshop, a comprehensive manual on interagency relationships has been prepared under the leadership of the Regional Educational Resource Center at George Washington University.

Social Security Administration - RSA Collaborative Activities

Since Fiscal Year 1966, Social Security monies have been expended by State vocational rehabilitation agencies in serving disabled persons meeting certain criteria. More detail about this relationship with Social Security as well as program results may be found on pages 30-34 of this report.

A major agreement, including policies and procedures, was developed between RSA and the Bureau of Student Financial Assistance in OE to coordinate financial aid for eligible handicapped students. The implementation plan includes the formation of agreements between State rehabilitation agencies and the association of student financial aid officers. A common application form is encouraged for students who are eligible for both vocational rehabilitation and student financial aid in postsecondary institutions

Veterans Administration

The RSA Veterans Rehabilitation Coordinating Committee continued as an interagency forum for improving services to disabled veterns. The VA and RSA made communications to the field regarding written agreements with the result that over seventy percent of all VA regional offices had agreements with State vocational rehabilitation agencies.

RSA staff participated in two major conferences concerning rehabilitation of disabled veterans. At the request of the Veterans Administration, an RSA person served on a task force to develop a VA-wide plan to implement the concept of total rehabilitation.

Job Corps

Guidelines for cooperative programming were issued in simultaneous field letters by the Job Corps, Employment and Training Administration, DOL and RSA. The cooperative agreement provides for referral to the Job Corps of State rehabilitation agency clients. Rehabilitation agencies will provide needed services to disabled corps members. Corps members who are being considered for medical termination will be referred to rehabilitation agencies for evaluation with a view to either continued enrollment or a program of services by the rehabilitation agency or other community resources. The rehabilitation agencies will provide technical assitance to Job Corps Centers concerning program and facility modifications to accommodate handicapped persons.

Targeted Job Tax Credit Program - DOL

Under the Revenue Act of 1978, employers are eligible for a tax credit upon the employment of persons who fall into seven categories or target groups. Included are handicapped individuals who have completed or who are undergoing rehabilitation services pursuant to a plan under a State vocational rehabilitation agency. The program is administered by the Department of Labor and on the State level by the State Employment Security agencies.

A memorandum of understanding was executed between the Employment and Training Administration, DOL and RSA to implement the program. Under written agreements with the State Employment Security agencies, State rehabilitation agencies will make determinations of eligibility for handicapped individuals and make referrals to the employment agency and to employers. RSA will cooperate with the Department of Labor in distributing public information materials.

National Multiple Sclerosis Society

Under an existing written agreement, an RSA work group continued development of initiatives to improve services for persons disabled by multiple sclerosis. Efforts were begun to involve the network of MS chapters in the rehabilitation process through education, advocacy and referral. A National Training Conference on Multiple Sclerosis and Vocational Rehabilitation was conducted in Chicago. Materials will be distributed to each rehabilitation agency.

CETA

Initial contacts have been made with the Employment and Training Administration, DOL, to develop understandings and informational material aimed at increased enrollment of handicapped individuals and cooperative programming with local CETA prime sponsor programs. Development is also underway on joint rehabilitation - education relationships with CETA through our interagency work group with the Office of Education. Under the 1978 amendments to CETA, handicapped individuals are now among the priority target groups. State vocational rehabilitation agencies increased their linkages with prime sponsors and balance-of-state programs. For example, the Texas Rehabilitation Commission has a contract with CETA to provide services to joint clients who are not severely disabled. By the use of CETA funds, the rehabilitation agency conserves its own funds for severely disabled clients. In Delaware, an interagency program provides services to disabled CETA participants in cooperation with a rehabilitation facility. In turn, there are further linkages to provide actual work experience at Delaware Technical and Community College and Dover Air Force Base.

Title V Activities

The Office of Personnel Management, Office of Selective Placement Programs published a revised and expanded handbook of selective placement procedures for handicapped individuals. RSA purchased a quantity of these handbooks for distribution to State rehabilitation agencies. Late in the year, development of comprehensive informational material and revised program instructions were begun. In consultation with the Office of Personnel Management, guidelines will be revised and expanded concerning several areas where rehabilitation agencies have responsibilities and opportunities for assisting Federal agencies in selective placement and affirmative action programs for handicapped individuals.

RSA staff prepared the proposal for a contract under which the Office of Human Development Services counterpart State and local agencies received training and technical assistance in the implementation of Section 504. This project was funded by the Office for Civil Rights under its 1979 technical assistance plan. RSA was assigned the technical lead for the conduct of the project. Training workshops of three and one-half days each were held at eighteen sites across the country. This was followed-up by technical assistance provided by both a toll-free telephone information line and written responses.

Under an RSA training project grant, the Texas Rehabilitation Commission completed two new formal training programs. One is aimed at rehabilitation counselors and the other will provide training to co-workers of handicapped employees regarding attitudes, accommodations and affirmative action.

DEAFNESS AND COMMUNICATIVE DISORDERS

Overview

It is estimated that 18,000 communicatively disabled individuals were rehabilitated in Fiscal Year 1979. Of that total, 6,000 were deaf, 10,000 were hard of hearing and 2,000 had speech or language impairments. Rehabilitation services are provided to these disability groups through the State vocational rehabilitation agencies. Almost all of the State agencies now hire coordinators to develop and supervise their Statewide program of vocational rehabilitation services for deaf and hard of hearing people. Approximately 500 rehabilitation counselors trained to work with deaf and severely hearing impaired individuals are employed by the State agencies. Some States have as few as two of these specialists, others employ as many as twenty-five. The great majority of hearing handicapped rehabilitation clients are served by general rehabilitation counselors who may be assisted by hired interpreters, while a few of the States now employ full-time interpreters. Generally, interpreters who may be experts in either manual or oral interpreting, are hired by the State agencies on an hourly or day basis. A continuing national shortage of interpreters affects vocational rehabilitation as it does other public and private programs serving deaf people. A part-time specialist in deafness and communicative disorders at each RSA Regional Office works with the State agencies and Central Office personnel in improving and expanding rehabilitation services to deaf and other communicatively handicapped individuals. All of the Regional Offices and the State agencies are equipped with telecommunications devices providing direct access for deaf people. Revision in 1979 of a coding system used by the State agencies to make hearing impairment determinations promises more accurate classification of deaf and hard of hearing clients and more appropriate service provision.

Special Projects for Deaf Individuals Whose Maximum Vocational Potential Has Not Been Reached

Section 304 of the Rehabilitation Act of 1973, which became Section 311 in the 1978 Amendments, authorizes the funding of special projects to serve severely handicapped individuals including those who are deaf. In Fiscal Year 1979, approximately 550 severely handicapped deaf persons, who in the past had been underserved or not served at all, were provided rehabilitation services at eight Special Projects for Deaf Individuals. A total of 200 deaf persons were rehabilitated at the Special Projects during the year.

The deaf persons referred to the projects have poor or no work histories. Some had been incorrectly diagnosed as mentally retarded or mentally ill and had spent years in institutions and hospitals where their deafness precluded training and the provision of appropriate rehabilitation services. Others simply had not had the opportunity to develop the skills necessary to achieve their vocational potential. At the projects, they acquire needed communication skills, are trained in self-care, become knowledgeable about the community and develop work tolerance and work skills readying them for independent living. The comprehensive and continuous vocational evaluationsare enabling severely disadvantaged deaf persons to discover personal potentials providing gateways to their rehabilitation.

A special project in Hawaii is bringing first time opportunities to many deaf Hawaiians to obtain needed rehabilitation services. In Utah, training in the use of telecommunications devices for the deaf is making it possible for isolated, rural deaf persons to obtain needed services and to improve their communication skills. A halfway house project in Virginia is aiding previously institutionalized deaf persons in their restoration to the community. In Florida, a project is enabling the State agency to assess better the service needs of deaf-blind people and how they might be met.

Model State Plan for Vocational Rehabilitation of Deaf Clients

Reports from State agencies point to the important influence the Model State Plan for Vocational Rehabilitation of Deaf Clients, developed in 1974, is having on vocational rehabilitation services provision to deaf and hard of hearing people. Prepared as a guide for the States in the development of a comprehensive statewide vocational rehabilitation program for the two populations, the Model State Plan is stimulating program expansion and improvement in all of the States.

More rehabilitation counselors trained to serve deaf people are being hired by the States. General rehabilitation counselors are becoming better equipped to serve deaf clients as in-service training prepares more of them for this specialized work. Model State Plan advisements on State Advisory Councils on vocational rehabilitation of deaf people, on greater interagency cooperation, on facility development, on the use of interpreters and on community development are being carried out by each State as it is able.

Many district vocational rehabilitation offices have installed telecommunications devices for the deaf, vastly improving and expediting communication between rehabilitation counselors and their deaf clients.

Increased use of deaf persons as rehabilitation aides and counselors and greater involvement of deaf consumers in the planning of State rehabilitation programs for deaf persons are helping to develop stronger ties between the deaf community and vocational rehabilitation, benefiting both. Several States have developed a statewide plan of vocational rehabilitation services modeled on the Model State Plan. All of the States are expected to have such a plan eventually.

Evaluation of the Effectiveness of Vocational Rehabilitation Services to Deaf and Hard of Hearing Clients

A study initiated in 1977 to evaluate the effectiveness of vocational rehabilitation services to deaf and hard of hearing clients was completed in 1979. The Model State Plan was utilized as a base for the study. An in-depth study on the implementation of the Model State Plan was made in nine States. Selection of the nine States was as follows: three States which have implemented the Model State Plan, three States which have modifield components of the plan, three States that have not implemented the Model State Plan. The final report of the study, now in process, will provide a needed base not only for the assessment and evaluation of the Model State Plan, but for a depth study on the effectiveness of current practices in vocational rehabilitation services delivery to deaf and hard of hearing people.

Research and Training Center in Mental Health and Deafness

A Research and Training Center on Mental Health and Deafness located at the University of California, San Francisco, now in its second year, is advancing study on mental health and deaf people. Work is progressing in all three of the Center program components: (1) services to deaf individuals and their families; (2) research on the mental health needs and problems of deaf people and (3) training of mental health personnel and others in servicesto emotionally disturbed deaf people. A scale developed in 1979 will enable rehabilitation counselors and mental health professionals to assess the communication capabilities of their deaf clients to determine the most effective means to communicate with them individually. A longitudinal study of young deaf adults is yielding new information on the adjustment needs and problems of deaf people as they move from the protective environment of school to the community and employment. In 1979, five individuals completed the Center long-term training course in mental health service to deaf people. Short-term training conducted by the Center staff at sites throughout the country is providing hundreds of mental health personnel with needed information about deafness and about mental health services to deaf persons.

Interpreter Services for the Deaf

Section 315 of the Rehabilitation Amendments of 1978 authorizes the establishment of State programs of Interpreter Services for the Deaf, including referral services. The law specifies that the programs are to be operated by private nonprofit organizations comprised primarily of hearing impaired individuals or private nonprofit organizations which have the primary purpose of providing assistance or services to hearing impaired individuals. When funded, the authority will provide important opportunities for State associations of the deaf to employ full-time staff, expanding their function as advocates for deaf people. The new leadership opportunities that will open to deaf individuals will bring increased visibility to deafness and the needs and problems of deaf people.

Representative State Program Development Activities

Northeastern University in Boston has added a program for rehabilitation counselors serving deaf people to its long-term training program in vocational rehabilitation counseling. The new program will increase the supply of trained manpower needed by State VR agencies in the New England area.

A national workshop, Independent Living Rehabilitation Services to Deaf People, sponsored by the University of Tennessee (Knoxville), brought together experts in the vocational rehabilitation of deaf people to assess existing services and programs for severely handicapped deaf people and the continuing needs.

State Commissions for the Deaf in Virginia, Texas, Connecticut, Wisconsin, New Jersey, Oklahoma, Washington, work actively with the State VR agency in promoting services and programs needed by deaf people. The majority of the State Commissions are administered by deaf individuals.

A Telecommunications Center at California State University, Northridge, provides orientation to professionals and others involved with deaf people in the use of telecommunication devices for the deaf. Special training courses for deaf persons prepares them for optimal use of available devices.

The Virginia Department of Rehabilitative Services has completed an expansion and extension of rehabilitation services to deaf and hard of hearing individuals. A module approach was used to implement objectives ranging from (1) Industry Job Training and Employment of the Deaf; (2) Community Integration of the Adult Deaf and (3) Interpreter Training and Coordination of Services for the Deaf.

THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

Follow-up activities to the White House Conference have been undertaken by an Implementation Unit established in the Rehabilitation Services Administration. This Unit was conceived as a short-term effort, lasting from October 1978 through December of 1979. During this time, the unit:

- Established three functional advisory-working groups;
- Developed communication channels and linkages among and between policymakers, administration officials, personnel in the human services delivery system and the private sector;

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- Developed specific follow-up information on the White House Conference recommendations, most of which cross-cut all existing programs government-wide and are included in a Federal-level status report;

- Prepared a status report of State level follow-up activities on many recommendations directed to State and local levels; and

- Formulated continuing goals and strategies for ongoing monitoring of the recommendations addressed in the implementation plan, Volume III of the White House Conference on Handicapped Individual's documents.

The advisory and working groups included a 22-member National Implementation Advisory Committee (NIAC). This committee was composed of persons with disabilities, parents, family members, advocates and service providers. They met quarterly to make recommendations and provide the Implementation Unit with broad-based input. An Interdepartmental Task Force, which met six times over the year, represented over thirty departments and commissions of the United States Government. Many of these departments developed their own task forces for study and development of action strategies. The third group, the DHEW Intra-Agency Committee, representing thirty-one agencies from within the department, also met six times during 1979. Progress and problems were shared on current program development and projects.

To stimulate communication and coordination within and between States, the Implementation Unit contacted State Governors' offices across the nation for designation of liaisons to work with the Unit. A follow-up National Seminar for these liaisons was held in September of 1979. The participants and panelists discussed a wide range of State administrative arrangements and programmatic resources for the implementation of the White House Conference recommendations. Following the National Seminar, a series of Regional Consumer Seminars were held in San Diego, Denver and Philadelphia. The seminars examined the progress being made by States in acting on WHCHI recommendations needing State level consideration. These forums provided an opportunity for consumers and advocates to exchange information and ideas with each other as well as with officials of State and Federal governments. A recommendation networking system was presented so that involved persons may coordinate their efforts on behalf of persons with disabilities not only at the Federal level but also Statewide.

A draft copy of the Unit's final report is being revised and, when approved, will be printed and widely disseminated.

The completion of the work of the Implementation Unit is the first step in ensuring that persons with disabilities, of all ages, may eventually receive the rights that they are entitled to by utilizing the concepts of human and civil rights enjoyed by others in this nation.

OFFICE FOR HANDICAPPED INDIVIDUALS

The Rehabilitation Act of 1973, as amended, assigned to the Secretary of Health, Education and Welfare several responsibilities related to programs for handicapped individuals. The Secretary elected to implement these functions by establishing, on February 24, 1974, the Office for Handicapped Individuals (OHI) within the Office of Human Development Services.

OHI is a coordinating and advocacy unit for its target population. As such, OHI aims to ensure that the service and information needs of the handicapped are more effectively met by the larger operational agencies and programs of the Department. Essentially, OHI is the focus within HEW for the review, coordination, information and planning related to policies, programs, procedures and activities relevant to the physically and mentally handicapped.

Long-Range Goals

In carrying out its mission, OHI engages in several specific functions as stipulated in the legislation and has established a long-range goal encompassing all of these responsibilities. That goal is to provide leadership to the Department in the development and operation of programs and information resources directed toward meeting the needs of handicapped individuals through the formation of service goals. Related to those goals is the determination of program and information needs, evaluation of program coverages and service gaps and the operation of a central information clearinghouse in order that handicapped individuals can more fully participate in major life activities.

Activities

OHI continues to serve as a central information resource and advocate as appropriate or as requested for letter and telephone inquiries from many sources.

The Clearinghouse responded during Fiscal Year 1979 to 2,890 telephone calls, wrote 1,826 answers to inquiries and distributed 114,439 publications. It continued its publication program by updating and printing new editions of Federal Assistance for Programs Serving the Handicapped, Selected Federal Publications Concerning the Handicapped, and the Resource Guide for Architectural Barriers Removal. The legislative activities of the 95th Congress were summarized and published as A Summary of Selected Legislation Relating to the Handicapped: 1977-78. A new publication, Recreation for the Handicapped: A Resource Guide, contains descriptions of relevant information sources, funding sources and a bibliography of publications available from government sources.

The Clearinghouse collaborated with the Library of Congress Research Service in the publication Digest of Data on Persons with Disabilities, a compilation of existing statistical data with annotations as to methodologies and definitions applied.

Early in the summer, work was begun on an update and total reformatting of the 1976 Directory of National Information Sources on Handicapping Conditions and Related Services. All private sector organizations and Federal agencies described in the Directory were contacted and the descriptions are being rewritten. A substantial number of new organizations, especially information providers who do not focus on the handicapped, but handle information relevant to the handicapped field, are being added. Publication is expected in early 1980.

The Clearinghouse related its activities in face to face meetings with other parts of the Federal government involved with the handicapped such as the White House Conference Implementation Unit, the Office for Civil Rights, the ERIC Information System and the Office of Education, Equal Employment Opportunity Commission, Office for Vocational Education in the Office of Education, Rehabilitation Engineering Office within the Rehabilitation Services Administration, the Clearinghouse for Human Genetic Diseases and the Technology Transfer Office of the National Aeronautics and Space Administration. It provided technical assistance by site visit or review of proposals to private sector organizations such as Hemophilia Foundation, the National Center for a Barrier Free Environment, the Association for the Severely Handicapped, the Grantsmanship Center and Rehabilitation International.

Programs for the Handicapped (PFH), OHI's bimonthly newsletter, now in its 12th year, continues to serve as a comprehensive digest of issues and articles from the Federal perspective. It also provides access to events and resources outside of government that are potentially useful to persons working with disabled people. PFH has a current mailing of more than 14,000 subscribers in 15 specific categories.

Section 15 of Public Law 95-602 includes a provision for the Secretary to establish an Office of Information and Resources for the Handicapped and to provide financial assistance to not more than 12 programs for training of interpreters for the deaf. The accompanying Conference Report noted that the existing Office for Handicapped Individuals was to be redesignated the Office of Information and Resources for the Handicapped for the purposes of carrying out the provisions of Section 304(d)(1) and other Information Clearinghouse activities mandated elsewhere in the Act.

It is important to note that the Office of Information and Resources for the Handicapped has, to date, not been established. Contingency planning for the program is now underway in the Office for Handicapped Individuals. Since this Office is scheduled to be part of the new Department of Education, final decisions regarding the implementation of the interpreter training program will be made by that Department.

OHI has demonstrated its continuing interest in assisting other organizations and agencies in providing appropriate services to disabled persons. Consultations have been provided to many agencies and organizations such as the Office of General Counsel, Office of the Secretary, the Smithsonian Institute and the National 4-H Center. OHI has increased its information base on various disabilities and extended the scope of its publications to enable its staff to be more responsive to requests.

Advocacy

OHI completed its attitudinal awareness seminars, a series of three pilot seminars, designed to assist Federal managers in identifying and recognizing attitudes which they may have about working with disabled persons and building this personal awareness into positive attitudes and behaviors. The ultimate aim is to develop a packaged workshop which can be used by agencies in their training programs. Further interest has been shown by other agencies and organizations in the field of the handicapped since this project was initiated.

Efforts are underway to establish a Resource Center on Deafness and Blindness. This Center will provide OHDS and the Department with one focal point that can be promoted as responsive to the needs of deaf and blind people and through which these populations can gain access to information.

Involvement of Handicapped Persons

OHI continued its involvement with disabled persons through participation in meetings and conferences of various organizations in the field. Such interaction facilitates OHI's advocacy role by keeping it aware of consumer concerns and needs.

PRESIDENT'S COMMITTEE ON MENTAL RETARDATION

PCMR published its report to the President, "Mental Retardation: The Leading Edge," a compilation of model local programs highlighting exemplary services across the nation. It emphasized the family, public school education, community services, work, self-assertion, the mentally retarded offender, mental health of retarded persons and prevention. Press conferences were held in selected cities to emphasize models in the report.

Special attention was given by the committee to the several major effective ways to prevent mental retardation and State public health and voluntary agencies were encouraged to act to prevent mental retardation in the most cost-effective way to address the problem. The PCMR Task Force on Legal Rights offered several publications reporting class action litigation and and new approaches to treating the retarded offender. It also sponsored a study of zoning ordinances and procedures in 100 major United States cities as background for a coming project, an Action Symposium to enhance community living for retarded citizens.

The committee also surveyed the capital funds expenditures of the States and found those funds concentrated on renovations to enable large State institutions to receive Title 19 (ICF-MR) funds. It also surveyed volunteer organizations and State administrations to arrive at a minimum array of essential services.

THE INTERNATIONAL YEAR FOR DISABLED PERSONS (IYDP)

FEDERAL INTERAGENCY COMMITTEE

The 31st regular session of the United National General Assembly adopted a resolution (Resolution 31/123, with United States co-sponsorship) proclaiming calendar year 1981 as the International Year of Disabled Persons. Its purpose: to obtain support from member nations for full participation of the world's 450 million disabled persons in the social and economic life of the communities in which they live. The resolution invited all member States and organizations concerned to give their attention to the establishment of measures and programs to implement objectives of the Year as stated in the resolution.

Recognizing that effective United States participation in the IYDP must involve a wide range of United States departments and agencies whose programs affect disabled persons - and that the United States observance must involve active participation by State and local governments and by the private and voluntary sectors - in accordance with the wishes of the White House, the Secretary of the Department of Health, Education and Welfare and the Secretary of State, established a Federal Interagency Committee for the International Year of Disabled Persons to ensure the proper coordination of the United States observance of the Year.

The Department of Health, Education and Welfare (for domestic affairs) - with the Department of State (for international aspects) are the lead agencies responsible for the coordination of the United States observance of the International Year for Disabled Persons.

The interagency memorandum which established the committee specifically established two co-chairmen: for domestic affairs - Mr. Robert R. Humphreys, Commissioner, Rehabilitation Services Administration, HEW; for international aspects - Mr. John D. Fox, Director, Office of Development and Humanitarian Programs, Bureau of International Organization Affairs, Department of State. This committee also, according to that memorandum, "is expected to function through 1981"... and may ... "establish working groups to plan specific activities or projects in observance of the Year."

At present, the Federal IYDP structure is comprised of:

- The Federal Interagency Committee - consisting of representatives from twenty-five Federal departments and agencies, the Executive Office of the President and the United States mission to the United Nations.

- A Steering Group - comprised of the two committee co-chairmen, staff from DHEW and State, selected members from the full interagency committee and a representative from the Executive Office of the President.

- A Federal IYDP Secretariat charged with the management and coordination of all Federal IYDP efforts - and the provision of all support and liaison services related to this.

The objectives of the Federal Interagency Committee - IYDP are as follows:

- Furtherance of the development of a Federal national policy on disability to ensure maximum coordination and a minimum of conflict and overlap in Federal policies and programs.

- Promotion of research, demonstration, service delivery, policy and planning activities throughout the Federal government - directed toward improving the quality of life for individuals with disabilities.

- Development of an awareness throughout the Federal government of the needs of individuals with disabilities - and the application of this awareness in the planning, implementation and assessment of all Federal programs that impact upon them.

- Furtherance of the development and implementation of programs to educate and **inform** the public and private sectors of the rights of disabled persons to participate in and contribute fully to society.

- Fostering the implementation of human rights.

The functions of the Federal Interagency Committee are:

- To serve as a forum for discussion about and for recommending actions to meet each of the above objectives - including the encouragement of agencies to devote human, financial and material resources to IYDP efforts.

- To facilitate, promote, coordinate, monitor and assess activities directed to the attainment of committee objectives.

Subcommittees will be formed to address subject areas vital to the attainment of FIC objectives. Each subcommittee will perform - or serve as the focus for the performance of each of the functions - and will report back to the full committee at each of its meetings regarding the status and/or accomplishments for each related task.

TITLE V OF THE REHABILITATION ACT

SECTION 501
EMPLOYMENT OF HANDICAPPED INDIVIDUALS IN FEDERAL GOVERNMENT
(OFFICE OF PERSONNEL MANAGEMENT)

Background

Section 501 of the Rehabilitation Act of 1979, as amended, requires that all agencies, departments and instrumentalities of the executive branch of the Federal government submit annual affirmative action program plans for the hiring, placement and advancement of handicapped individuals. Prior to January 1, 1979, these plans were submitted to the U.S. Civil Service Commission (CSC). On January 1, the President's Reorganization Plan No. 1 of 1978 formally abolished the United States Civil Service Commission and established in its place the Office of Personnel Management (OPM), the Merit Systems Protection Board and the Federal Labor Relations Authority. Under provisions of the Reorganization Act, responsibility for the enforcement of non-discrimination and affirmative action provisions of laws and regulations concerning Federal employment of handicapped persons was transferred from the CSC to the Equal Employment Opportunity Commission (EEOC). In addition, the co-chairmanship of the Interagency Committee on Handicapped Employees (ICHE), along with its secretariat function, was transferred from OPM to EEOC. OPM remains an active member of the ICHE.

While the responsibility for oversight of affirmative action plans was transferred, OPM and, in particular, the Office of Selective Placement Programs within the Office of Affirmative Employment Programs will continue to provide technical assistance to Federal agencies in the overall management of their selective placement programs and to provide input into all aspects of OPM's policy guidance to insure that persons with disabilities are not affected adversely by changes in employment procedures or by new policies or regulations.

Since the implementation of the reorganization, OPM has worked closely with EEOC and the ICHE to insure a smooth transfer of functions and to establish positive working relationships on topics of mutual interest. OPM has also continued to consult agencies, other OPM offices and consumer organizations on recommendations for changes in policies and procedures which are needed to advance the placement and effective utilization of Federal applicants and employees who have mental or physical impairments. A number of events and activities occurred during 1979 which had, and will have, a significant impact on employment programs for handicapped persons within the Federal government. A brief summary and discussion of each of these events follows.

Statistical Data

An important measure in determining agency progress in affirmative action is through statistical reports produced at certain intervals showing such things as: the number of handicapped employees hired, promoted, reassigned or trained over a given time period, the percentage of handicapped employees in the work force and the range of occupations and grade levels held by such persons. The Central Personnel Data File remains a central focal point for the collection of this demographic information. Through the use of a voluntary, self-identification data collection system established by OPM in 1977, all employees in the Executive Branch of the Federal Service (excluding the U.S. Postal Service, which has not adopted the new system) were surveyed. Other agencies exempted from participation or not included in the survey are the Central Intelligence Agency, National Security Agency, Federal Reserve System, Tennessee Valley Authority and District of Columbia Government. In addition, the data cover parts of the judicial branch and components of agencies that elected to participate separately.

A new OPM report titled, "Statistical Profile of Handicapped Federal Civilian Employees," dated 1979, includes both status data and dynamic data from the CPDF. Status data describe employees working as of December 1977 and as of December 1978. This includes everyone who occupied a civilian position at the end of the report month. Dynamic data that have been collected permit, for example, consideration of handicap status in regard to new hires, pay plans and grade levels, age groupings and incidences of training. Dynamic data cover two 12-month periods, April 1977 through March 1978 and January 1978 through December 1978. Henceforth, dynamic data coverage will be produced for each calendar year for consistency with the status data reports.

Highlights of the findings are as follows:

- There has been positive reduction in the number of employees who have not responded to the survey. Only 52,123 employees chose not to participate or could not be contacted, (a 65.85 percent decrease from the preceding year).

- The ten largest Federal agencies employ 82.89 percent of the work force and 86.8 percent of persons reporting handicaps.

- A comparison with 1977 statistics shows a 21.57 percent increase in employment of mentally retarded individuals, a 10.37 percent increase for persons with complete paralysis of the lower half of body, 16.30 percent increase for persons with partial paralysis of both hands and an 18.65 percent increase for persons who are hearing impaired without understandable speech.

- There were 30 blind employees at the GS-16 through 18 "Super Grade" level in 1978 as compared to two reported in 1977, (hearing impaired "Super Grade" employees numbered 24; employees with partial paralysis numbered 2).

- During 1978, handicapped individuals experienced a 6.61 percent increase in promotions as compared to 12.39 percent increase for individuals reporting no handicap.

Statistical reports such as this one will provide a clearer picture of current Federal employment trends with respect to persons with disabilities and assist individual Federal agencies in analyzing their particular employment trends.

Career Development Opportunities

Federal and private agencies have requested copies of a new training module entitled, "Modifying Training Courses to Accommodate Handicapped Employees," which was developed by the Office of Selective Placement Programs. This indicates a healthy interest in ensuring that training courses are designed to accommodate persons with a variety of disabilities.

Through the auspices of OPM, agencies are encouraged to purchase all or part of a training package developed by the Texas Rehabilitation Commission entitled "Learning About Disabled Co-Workers." This package, which consists of several individual tape/slide presentations dealing with individual disabilities, is available for purchase from the National Audiovisual Center, General Services Administration, Order Section, Washington, D.C. 20409.

Program Guidance

A revised "Handbook of Selective Placement of Persons with Physical and Mental Handicaps in Federal Civil Service Employment," was issued in March 1979. It provides expanded guidance particulary helpful to agency coordinators of selective placement and vocational rehabilitation counselors. Included is information on special appointing authorities, special testing, facts about specific disabilities, etc. Copies may be purchased from the Superintendent of Documents, Washington, D.C. 20402 (OPM DOC 125-11-3, Stock Number 006-000-01093-8).

Research

OPM's Personnel Research and Development Center continues its research on the development of fair selection instruments for handicapped job applicants. In addition, a survey of handicapped Federal Employees in certain occupations will be conducted in order to determine what accommodations, if any, have been made to employees. All types of accommodations will be considered, including worksite modifications, special equipment, changes in tasks or duties and changes in work schedules.

Readers and Interpreters

The Civil Service Reform Act of 1978 authorized agencies to employ interpreters for hearing impaired employees and reading assistants for blind employees on a paid basis. Prior to enactment of the Act, agencies were able to employ readers for blind individuals only on an unpaid basis (visually impaired employees either had to pay for reading assistance themselves or seek funding assistance from State or private organizations). In some instances, agencies could utilize clerical assistance for reading assignments by making these duties a part of their regular job description. While agencies and/or visually impaired employees may continue to use these options mentioned above, legislative authority has now been granted for the payment from Federal agency funds for both readers for blind persons and interpreters for hearing impaired individuals. Instructions on the use of a special appointing authority for readers and interpreters were issued to Federal agencies on December 29, 1978 in FPM Letter 306-14.

Disabled Veterans

Disabled veterans who are rated 30 percent disabled or more may be given non-competitive appointments. They will be given preference over other preference eligibles in reduction in force. Veterans with 30 percent disability or more are granted a right to notification, opportunity to respond and to a review by OPM of the final determination:

- When deemed ineligible for position due to physical qualification.
- When passed over on a civil service certificate by an agency in the course of filling a vacancy.
- When deemed ineligible for retention in a position due to physical disability.

Physical Requirements

On September 24, 1979, OPM issued changes in the existing medical qualiification standards policy which incorporated 16 standard requirements paragraphs in the OPM Handbook X-118, "Qualification Standards for Positions under the General Schedule," into one medical qualification statement. The changes reaffirm the Federal medical employment policy of requiring job applicants and employees to possess only the minimum physical and mental abilities necessary for safe and efficient performance of the duties of a particular position. The effect of these changes will be enhancement of employment opportunities for handicapped persons by:

- Delegating more authority to Federal employing agencies to determine the medical eligibility of an individual applicant for a position, based on the actual tasks of that specific position and on the demonstrated abilities of that particular applicant;
- Encouraging the use of reasonable accommodation, job restructuring and worksite modification; and
- Emphasizing the need to interpret and approximately modify occupational medical standards to reflect the minimum requirements of the specific position to be filled.

Similar changes in the Handbook X-118C, Job Qualification System for Trades and Labor Occupations, are being developed.

Delegation of Appointing Authorities

On April 4, 1979, OPM issued regulations delegating to agencies the authority to make Schedule A appointments of severely physically handicapped individuals without prior OPM approval. General guidance on making these appointments was issued on May 21, 1979 in FPM Letter 303-16 and subsequently reissued in final form in changes to FPM Chaper 306. A training module on the use of this appointing authority was issued by the Office of Selective Placement Programs to each of the ten OPM regional offices for the development of training institutes within the regions. This training module was also used by staff to present training institutes to Federal agency headquarters within the metropolitan Washington, D.C. area.

Conversion of Schedule A, Section 213.3102(t) and (u) Appointments

On March 15, 1979, President Carter issued Executive Order 12125 which authorized the noncompetitive conversion to career-conditional or career status for those individuals who have served two or more years under a Schedule A, Section 213.3102(t) or (u) appointment and who are recommended by their supervisors for such conversion. Such individuals must have served for two substantially continuous calendar years in a permanent appointment.

Conclusions

Federal employment opportunities for handicapped individuals have improved in the past years. Problems still exist, many of which are complex and have no simple or immediate solutions. However, the problems are being addressed through new regulations and improved guidance. The continued emphasis and commitment of agencies toward more comprehensive affirmative action programs for handicapped persons holds promise for more fully integrating them into the mainstream of Federal employment.

SECTION 502
ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

Fiscal Year 1979 was a significant one for the Architectural and Transportation Barriers Compliance Board (A&TBCB) since it marked the passage of the 1978 Amendments to the Rehabilitation Act 1973 expanding the Board's responsibilities and once again casting it as a major Federal force to ensure access for disabled Americans to, and in, most Federal and Federally funded buildings and facilities.

The year saw a record number of complaints (176) from citizens in 44 States and the District of Columbia. The Board completed ten comprehensive field surveys in the ten Federal regional cities and conducted four national seminars for corporate leaders and representatives from private industry. It also cited several agencies for inaccessible facilities and caused Federal funds to be withheld for the first time over violations of the Architectural Barriers Act of 1968.

The A&TBCB in Fiscal Year 1979 consisted of cabinet-level officials, or their designees, from ten Federal agencies: the Departments of Health, Education and Welfare, Housing and Urban Development, Justice, Labor, Interior, Transportation, the General Services Administration, Veterans Administration, Defense, and the U.S. Postal Service. The 1978 Amendments to the Rehabilitation Act not only added the Department of Justice, but authorized the President to appoint 11 public members to the A&TBCB, including 5 handicapped individuals. The President appointed the public members on December 4, 1979.

Under the Board's voting procedures, a quorum is a majority of the fixed membership. The 1978 amendments increased the fixed membership from nine to 21, changing the quorum from five to 11. The Justice Department in April 1979 affirmed the A&TBCB's general counsel's opinion that no quorum existed until at least one public member was appointed. These appointments were pending at the end of Fiscal Year 1979.

The Rehabilitation Act of 1973 and its Amendments charged the Board with ensuring that most buildings and facilities designed, constructed, altered or leased with Federal funds after 1968 are accessible to handicapped persons. The Act was among the first concrete Federal legislation recognizing disabled Americans' inherent right of access to public property.

The most significant of the Board's new responsibilities, contained in the 1978 amendments, is its authority to establish minimum guidelines and requirements for standards issued by four other Federal agencies under the Architectural Barriers Act. The new guidelines, mandated in Section 502(b)(7) of the Rehabilitation Act, as amended, are designed to serve as a basis for more detailed standards by the original standard-setting agencies: Defense, Housing and Urban Development, General Services Administration and the U.S. Postal Service.

To meet the statute's direction to establish guidelines Board staff began compiling and analyzing technical data to develop a notice of intent to issue proposed rules. The notice was pending Board approval at the end of the Fiscal Year 1979. The Executive Director also has been participating in the ongoing revision of the American National Standards Institute's (ANSI) specification, A117.1-1961 (R1971), which is the most widely adopted standard of access. Since September 1969, it has been the Federal minimum standard.

The revised ANSI standard, however, will not automatically become a Federal standard, although many of the technical specifications developed by the ANSI project will be useful in developing a draft of proposed guidelines. Before any standard can be adopted by a Federal agency, however, public rulemaking procedures must be followed.

Previously, the Board has provided technical services on a limited basis due to policy and limited resources. The 1978 amendments require the Board to expand its technical assistance on architectural and communication barriers to all individuals and agencies affected by Title V of the Rehabilitation Act of 1973.

Congress directed the Board to coordinate its technical services activities with other Federal agencies to meet Section 502 and 504 requirements. Congress also required the Board to separate its technical assistance from compliance, its primary responsibility under the law.

The Board always has had jurisdiction over fixed transportation facilities, such as rail stations and bus terminals, but the 1978 amendments added public conveyances, including rolling stock, a major new responsibility in a critical area.

The U.S. Postal Service buildings and facilities were also brought under Board authority, a significant addition since many complaints filed with the Board involve postal facilities.

Communications barriers is a new area for the Board that has implications for millions of Americans with sensory, speech and developmental disabilities. To meet this new challenge, the Board will seek ways to conduct the needed research to make administrative and legislative recommendations.

The Board also was asked to report within one year to the President and Congress the costs to States and political entities to provide handicapped persons access to Federally funded activities. As a preliminary step, Board staff surveyed other Federal agencies to see what cost studies they had done or were doing. When the Board has a quorum, this task will be examined and discussed with the appropriate Congressional committees. Resources were insufficient in 1979 for the Board to undertake this task.

The 1978 Amendments require the Board to ensure that waivers are granted only in accordance with the Architectural Barriers Act and the Rehabilitation Act. They are to be granted on a base-by-case basis, when clearly necessary and when based on factual findings.

Significantly, the 1978 amendments codified a basic concept of the Board's regulatory provision (36 CFR Part 1150) establishing the Executive Director as the official responsible for initiating administrative citations that can lead to requiring corrections to inaccessible buildings and withholding or suspending of Federal funds. The amendments will lead to changes in the regulations as the law made the administrative law judge's orders binding for the Board.

The ten compliance surveys involved 34 agencies, 205 persons and nearly 1,000 sites. Begun in October 1978, the A&TBCB surveyed, with the help of its members' regional staff and area disabled observers, about 100 sites in each city for a total of 979 buildings and facilities.

Most of the buildings surveyed are covered by the Architectural Barriers Act, while others were checked because of their prominence as centers of Federal activity and public use and to encourage agencies to comply voluntarily.

The survey results are forming a crucial data base to help each agency know its problems and set timetables to correct them. Other survey benefits include a refined checklist for accessibility, a cadre of trained consumers and a sensitized, trained Federal staff. The reviews also moved the A&TBCB beyond merely responding to individual complaints to a more well-rounded compliance system.

Estimates are that real property now or potentially under A&TBCB coverage includes 399,000 Federally owned and 52,000 Federally leased facilities. About 150 Federal programs authorize through loans or grants, the contruction of buildings while about 72 Federal agencies own, occupy or fund facilities under A&TBCB authority. Board staff will likely propose in 1980 similar surveys in the Baltimore-Washington, D.C. area.

A&TBCB staff also completed a series of conferences with leaders from the contruction and design industry, schools of architecture, banking and lending institutions, property development and leasing organizations and other major business and industry representatives.

The A&TBCB sponsored the seminars to involve executives in accessibility efforts nationally. The focus was on regulations requiring buildings, facilities and programs to be accessible to people with physical handicaps and on the opportunities for the private sector to improve accessibility through its own efforts.

The series covered current and pending Federal and State regulations requiring building design or modification for handicapped people, how these requirements affect business and how others have found new markets and turned regulations into profits.

Federal funds were withheld to compel compliance with the Architectural Barriers Act for the first time in May 1978 when, following a complaint, the Department of Commerce's Economic Development Administration (EDA) stopped payments to St. Louis, Missouri for ignoring access for disabled persons at the city's new convention center. The city had used EDA funds to construct a new pedestrian skywalk at the center. The A&TBCB and city reached an agreement in November 1978 on plans to provide handicapped pedestrians safe access at an intersection facing the center. Federal funds were then restored to the city.

In February 1979, an administrative law judge, ruling for the A&TBCB, rejected HEW and GSA's claims that removing barriers in a Federal building in Alabama would be too costly and disruptive. Restrooms and elevators were inaccessible to disabled persons at the Southeastern Program Center in Birmingham, occupied by HEW's Social Security Administration.

The judge ruled that when Congress passed the Architectural Barriers Act, it intended exceptions for only a few buildings not requiring access for physically disabled persons. He overruled GSA's contention that its interpretation of the standard should overrule A&TBCB staff's interpretation.

The Birmingham decision upheld the Board's view that Federal agencies cannot simply ignore accessibility requirements and later claim that the expense to correct their own mistakes excuses them from complying.

In March 1979, the A&TBCB reached an agreement with the Federal Highway Administration (FHWA) to make pedestrian overpasses and underpasses, built with Federal Funds, accessible to handicapped persons. The agreement concluded a 1977 complaint involving an inaccessible pedestrian overpass in Omaha, Nebraska. As part of the accord, the FHWA agreed to rescind a 1975 notice allowing overpasses and underpasses to have gradients of up to 15 percent. The new maximum is 8.33 percent.

The Omaha agreement has wide application since nationally the number of pedestrian overpasses and underpasses is estimated to be between 3,000 and 10,000. The agreement applies readily to more than 300 overpasses, some with grades up to 20 percent. The A&TBCB expects the FHWA to cooperate fully in carrying out the agreement. DOT issued a notice on May 30,1979 to all regions to develop a state-by-state inventory of all overpasses and underpasses. These are to be completed in Fiscal Year 1980.

Several cases were pending at the end of Fiscal Year 1979. One is the A&TBCB's appeal of a March 1979 dismissal order of a 1977 case against Oral Roberts University at Tulsa, Oklahoma, where twin dorms were built with U.S. Housing and Urban Development funds. The other involves a citation issued in September 1979 against HEW and GSA over barriers to handicapped persons in the Hubert H. Humphrey Building in Washington, D.C., HEW headquarters since 1976. Negotiations continued between the agencies over safe, convenient and dignified access for disabled employees to the second-floor gym and television recording studios. Access to these areas was blocked off when a credit union was added.

Public awareness and education continued to be critical to the Board and was highlighted in 1979 by its "Access America" campaign, combining print, radio and television public service announcements (PSA's). When evaluated at the end of 1979, the campaign had returned a media rate commercial value of $3.8 million on a $130,000 investment. The Board also staffed exhibits at seven major meetings of national organizations and issued several new and revised publications to help respond to requests generated by the "Access America" campaign. The corporate seminars mentioned earlier also were part of the Board's education efforts nationally.

The Board looked forward in Fiscal Year 1979 to a fully constituted Board, to increased funding and staffing and to carrying out its new mandates under the 1978 Amendments to the Rehabilitation Act.

SECTION 503
EMPLOYMENT OF HANDICAPPED INDIVIDUALS UNDER FEDERAL CONTRACTS (DEPARTMENT OF LABOR)

Section 503 of the Rehabilitation Act of 1973, as amended, requires that any contract in excess of $2,500 entered into by any Federal department or agency for the procurement of personal property and nonpersonal services (including construction) for the United States shall contain a provision requiring affirmative action by the contractor to employ and advance in employment qualified handicapped individuals.

Since the early 1960's, government contractors have been required to take affirmative action with respect to minorities. In 1968, contractors were required to do the same for women. Affirmative action requirements under the Rehabilitation Act of 1973 were established for employment of the handicapped. Executive Order 11758, issued January 15, 1974, delegated responsibility to the Secretary of Labor for implementation of Section 503. This was subsequently delegated to the Director of the Office of Federal Contract Compliance Programs (OFCCP). In 1974, the same requirements were established for disabled veterans under Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act.

A universe of some 300,000 contractors, comprised of well over 30,000 prime and roughly 250,000 or more subcontractors, provide the United States Government with supplies, services, use of property and construction work, totaling about $81 billion each year. Federal contractors and subcontractors include almost all major business and corporations in the country, as well as many small firms. Together they employ more than 31 million persons. Enforcement is carried out by the OFCCP, a part of the U.S. Department of Labor's Employment Standards Administration.

Contract Compliance

Equal Employment Opportunity and affirmative action requirements of contract compliance cover all aspects of employment, including recruitment, hiring, training, pay, seniority, promotion and fringe benefits.

Affirmative action is not preferential treatment. Nor does it mean that unqualified persons should be hired or promoted over other employees. What affirmative action does mean is that positive steps must be taken to provide equal opportunity for those who have been discriminated against in the employment process and who continue to suffer the effects of that discrimination. By insisting upon affirmative action, the government is saying that equal opportunity can be achieved only when everyone is competing as equals.

Special efforts by employers in outreach, recruitment, training and other areas help members of protected groups compete for jobs and promotions on an equal footing with other applicants and employees. In all employment areas, Federal contractors and subcontractors must ensure that qualified minorities, women, members of religious and ethnic groups, handicapped persons and veterans are not discriminated against. They must be further committed to guarantee positive actions to hire and promote members of the protected groups.

Under Section 503 of the Rehabilitation Act, employers with Federal contracts or subcontracts of more than $2,500 must provide equal job opportunity and affirmative action for qualified handicapped persons. The term "handicap" includes a wide range of mental and physical disabilities. Some impairments are obvious such as paraplegia or blindness. Others may not be readily noticeable. Heart disease, high blood pressure and diabetes are not often apparent, but may be disabling.

In other cases, people have recovered from their disabilities, but have encountered job discrimination because of their past medical record. Cancer, epilepsy, mental and emotional disorders are examples of medical histories which might be associated with job discrimination.

Sometimes, people are perceived as having handicaps when, in fact, they do not. One example is an anomaly of the spine discovered by X-ray which causes no disability, but which may be regarded as an impairment by employers.

Complaints of Discrimination

Individuals who are protected by the contract compliance programs may file complaints if they believe they have been discriminated against by Federal contractors or subcontractors. Complaints may also be filed by organizations or other individuals on behalf of the person or persons affected.

Systematic exclusion of specific handicapped groups, such as epileptics and diabetics, is established as a clear violation of contractor obligations. Physical and mental criteria for jobs for which the handicapped person is being considered must be job related and consistent with business necessity and safe performance of the job. Pre-employment physical examinations cannot be used to screen out the handicapped and reasonable accommodations must be made to the limitations imposed by the individual's disability

During the fiscal year ending September 30, 1979, well over 2,600 complaints of discrimination were received from handicapped individuals. On an almost equal basis, these related to initial hire and termination. Only ten percent involved advancement or upward mobility restrictions. During the year, the resolution of complaints with back pay as a remedy reached the million dollar plateau, with a total of 89 cases and $288,724 coming in FY 1979 resolutions.

Federal contractors are required to make reasonable accommodation to a person's handicap. Examples of the many cases settled with reasonable accommodation as a factor include the following:

> One hearing impaired individual in a large bank had an amplifier installed in his telphone at a cost of less than $100.
>
> Also, a telephone company employee who suffered from muscular dystrophy and had difficulty working with his hands was provided with a homemade pedal device for operating a stapler. The cost to the company was less than $25, but proved most valuable in terms of productivity.
>
> A diabetic machinist was transferred laterally to a position considered less demanding. The transfer cost the company nothing, nor did it result in any salary loss to the employee.
>
> An amputee accountant was granted time off with pay, in order to obtain necessary adjustments to a prosthetic device.
>
> In a similar case involving an assembly line operator with an orthopedic impairment, changes in hours worked made an important difference in the employee's output. Such modifications were the result of an agreement worked out between management and the employee's union.
>
> In another instance, a middle-sized equipment company was able to provide such accommodations as ramps and grabrails for less than $2,000.

A contractor's failure to make reasonable accommodation to the disability of a qualified handicapped employee can be the basis for administrative sanctions and the possible loss of contracts.

Compliance Reviews

The goal of OFCCP's Veteran/Handicapped unit is to carry out the enforcement process and to ensure affirmative action on the part of Federal contractors. OFCCP equal opportunity specialists in field offices are now monitoring employer compliance with Section 503 of the 1973 Rehabilitation Act as part of their regular contractor reviews. Through the investigation of individual complaints, a number of problems were revealed which appeared to be handled more efficiently through compliance reviews of all affirmative action programs.

Enforcing Contract Compliance

When a compliance review turns up problems which cannot be easily resolved, OFCCP attempts to reach a conciliation agreement with the employer. The conciliation agreement is OFCCP's preferred route. It means that the contractor may continue doing government business and the employees are guaranteed protection of their rights. When conciliation efforts fail, OFCCP must turn to its enforcement process. Federal rules and regulations set forth administrative procedures to be followed when enforcement actions are necessary.

The New OFCCP

Through an Executive Order issued by President Carter, OFCCP now has all the enforcement responsibility, as well as administrative and policy-making authority for the entire contract compliance program. Administration of the handicapped workers and veterans' laws, which had been handled separately within the program, have been integrated into the overall enforcement effort.

As a result of the reorganization, which became effective in October 1978, OFCCP is more streamlined and with only one agency instead of several, contract compliance is more efficient than before. For the first time in history, OFCCP has the authority and the ability to enforce equal job opportunity and affirmative action on government contract work. With the regional and area offices now located across the country, a new program structure in Washington and improved policies and regulations, the new OFCCP is making EEO and affirmative action work for millions of Americans.

Goals and Objectives for 1980

In addition to continuing strong enforcement, there are immediate objectives designed to make Section 503 even more viable as a vehicle for the employment of handicapped individuals. They include:

1. Continuing revision and updating of the regulations and procedures governing Section 503 compliance to enhance their effectiveness and bring about closer coordination with Section 504.

2. With the greatly expanded staff availability, thousands of contractors will now be reviewed annually for their handicapped program participation as part of the overall compliance enforcement thrust.

3. Training of new personnel in Section 503 requirements.

4. Strengthening the enforcement of affirmative action programs for the handicapped workers.

Conclusion

A dramatic improvement in enforcement of equal employment opportunity and affirmative action has occurred during the first year of the new consolidated Office of Federal Contract Compliance Programs. With only one Federal agency responsible for enforcement, contract compliance is more consistent and less confusing to both protected group members and Federal contractors. For the millions of handicapped people, as well as the hundreds of thousands of Federal contractors, there is now one voice speaking to compliance and affirmative action employment, the OFCCP. Also, for the first time in its history, OFCCP has both the authority and the resources, although limited, to enforce equal employment opportunity and affirmative action on all covered government contract work. All programs, policies, regulations and procedures associated with contract compliance are now integrated within OFCCP.

Because the equal employment opportunity (EEO) programs administered by OFCCP are an integral part of the Federal procurement system,OFCCP believes that it has a greater potential than other programs for eliminating invidious discrimination. Covered employers are required to accept voluntarily agreed-to contractual obligations to implement an effective affirmative action program to ensure equal employment opportunities for handicapped individuals along with veterans, minorities and women. These contractual stipulations are now the heart of the broad prohibition against discriminatory employment practices. The new OFCCP has set a tone of positive and aggressive enforcement of Section 503 of the Rehabilitation Act.

SECTION 504
NON-DISCRIMINATION UNDER FEDERAL GRANTS AND PROGRAMS
OFFICE OF CIVIL RIGHTS (HEW)

Introduction

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against qualified handicapped persons in all programs and activities conducted by recipients of Federal financial assistance. It is the first Federal law protecting the civil rights of handicapped persons and reflects a national commitment to end discrimination on the basis of handicap.

HEW's Office for Civil Rights (OCR) has responsibility for enforcing Section 504 and coordinating a Departmentwide technical assistance program designed to encourage voluntary compliance with the Regulations. OCR also has responsibility to integrate into the operations of HEW's Principal Operating Components (POC's) certain civil rights functions, including those related to Section 504,and to carry out Executive Order 11914,which empowers the Secretary of HEW to coordinate implementation and enforcement of Section 504 by other Federal departments and agencies.

This portion of the report examines the compliance and enforcement activities conducted by the Office for Civil Rights involving Section 504 during FY 1979. Several sections follow: (1) a summary of investigative activity during FY 1979; (2) a review of efforts intended to provide technical assistance to handicapped individuals and recipients about the requirements of Section 504 and what corrective action is necessary in order to achieve compliance; (3) OCR data collection and research activities related to Section 504; (4) policy development efforts during FY 1979 and (5) activities designed to inform the general public about Section 504 and OCR's effort to enforce the law.

Investigative Activity

Investigative activities fall into two broad categories: (1) investigatation of complaints filed with OCR Regional Offices and (2) CCR initiated compliance reviews directed at specific institutions' practices.

Complaints

OCR's Office of Compliance and Enforcement received 2110 individual complaints alleging discrimination under Section 504 during FY 1979. This compares with 1,063 received during FY 1978 and 615 complaints received from 1973 (when the law was enacted) through FY 1977. The increasing number of complaints is attributable to the publication in May, 1977 of HEW's final Section 504 regulations.

During FY 1979, 2,617 complaints were closed; until FY 1979, only 929 cases had been closed. Thus, 74 percent of all closures of Section 504-related cases occurred in FY 1979. Of the 1,438 cases requiring investigation, 721 have resulted in remedial action on behalf of complainants.

The majority of cases received during FY 1979 concerned elementary and secondary schools (1,063), followed by health and human development services (899) and post-secondary education institutions (218).

The most important issues raised in the complaints were under the general categories of employment (recruitment, selection, demotions and dismissals) and services (exclusion from programs, child placement, physical access and comparability of program and services).

Compliance Reviews

During FY 1979, OCR planned to conduct 79 Section 504 compliance reviews of selected elementary and secondary schools, institutions of higher education, hospitals and State health or human services agencies. Also, Section 504 issues were included in 382 planned multi-jurisdictional reviews. Another 101 reviews were carried over from FY 1978. During FY 1979, OCR closed 137 compliance reviews covering Section 504.

The issues most commonly addressed in the FY 1979 compliance reviews were (1) exclusion of beneficiaries from programs or facilities; (2) physical accessibility (architectural barriers); (3) comparability of general programs and services; (4) referrals to other programs and agencies and (5) employment.

Technical Assistance

In addition to conducting complaint and compliance review investigations, OCR employs a third major approach for implementing Section 504. Over $8 million was budgeted to train handicapped individuals and recipients of Federal funds as to what Section 504 requires of them and what actions may be taken in order to achieve compliance. Some of these activities are conducted through HEW Principal Operating Components (POCs); others are conducted exclusively by OCR. In addition, Memoranda of Understanding have been developed with the POCs specifying each office's responsibilities to support these activities.

Contracts and Contract Proposals Involving the Principal Operating Components

The Principal Operating Components (POCs) of the Department are involved in awarding and co-managing a substantial number of Section 504 technical assistance contracts let by the Department. These contracts utilize the special relationships of the POCs with their recipients, the established channels of communication and POC program monitoring activity. These factors increase the cost effectiveness of the contracts and bring the deliverables into the center of POC program operations.

Advising consumers of their rights and recipients of their responsibilities under Section 504 was the primary focus of contracts funded by OCR in FY 78 and FY 79. To some extent, this objective has been met. While such efforts will be continued in FY 80, several new priorities involving the POCs were incorporated into OCR's decisions about Section 504 technical assistance contracts. For the first time, funds have been set aside to train POC staff to conduct Section 504 checklist reviews of their recipients; POCs are encouraging voluntary compliance with Section 504 through individual and group briefings with their recipients and Regional Technical Assistance Staff are encouraging recipients to participate in Section 504 compliance planning seminars being conducted by contracts awarded through the POCs.

Section 504 Compliance Related Activities of the HEW Principal Operation Components

In July of 1979, the Office for Civil Rights and each of the Principal Operating Components (POCs) signed a Memorandum of Understanding (MOU) and a FY 79-80 Civil Rights Work Plan. The MOUs described the division of authority and responsibility between the POCs and the Office for Civil Rights with regard to the Department's civil rights authorities. The POC Civil Rights Work Plans outline in detail the specific tasks that will be initiated and completed through FY 80 to make civil rights an essential and integral part of POC program operations.

Office for Civil Rights management objective accomplishments to date include one day refresher training for POC regional staff responsible for briefing HEW recipients on Section 504 requirements, establishment of OCR/POC work groups to draft pre-award clearances proposals, development of draft methods of procedures to assist State agencies in revising and updating Methods of Administration, preparation of a draft Section 504 program accessibility checklist, design of a civil rights investigative format checklist for BOAE reviews, finalization of an OCR/BEH Memorandum of Understanding outlining reciprocal responsibilities in the implementation of Section 504 and P.L. 94-142 and preparation of a draft checklist for HCFA Medicare/Medicaid and foster child care reviews.

OCR External Technical Assistance

Background

Eight FY 78-funded contracts valued at $3.2 million were awarded to provide training and other technical assistance (TA) in FY 79. TA was provided directly to recipients as well as indirectly through training handicapped people and others who might influence recipient practices. In FY 79, nineteen contracts were funded at a total cost of $5.1 million. These contracts were designed to ensure (1) greater participation of State, county and municipal officials in community-wide planning for 504 compliance, (2) increased emphasis on technical assistance other than training workshops, (3) development of model projects of compliance in hospitals, schools and municipalities and (4) greater efforts to reach and educate minority and low-income disabled persons in using Section 504 toward the solution of problems. The projects proposed for funding in FY 80 build on existing information and referral systems, on work the POCs are required to do and on coordination with other technical assistance contracts. A total of $4.4 million is available for the FY 80 contracts.

Regional Technical Assistance Staff (RTAS) Activities

As part of OCR's Section 504 technical assistance effort, a Regional Technical Assistance Unit has been established and is now operative in each region. The units hold a unique position organizationally in that (1) their positions are funded from the OCR budget; (2) the OCR Office of Program Review and Assistance is responsible for their general supervision and (3) they are located in the Office of the Principal Regional Official (PRO).

The RTAS program provides regional leadership, coordination and delivery of Section 504 technical assistance to recipients and beneficiaries of HEW financial assistance. The RTA's are the principal regional contacts on Section 504 technical assistance for HEW, but they will also serve as a resource to Federal agencies covered by Executive Order 11914, which gives HEW coordinating responsibility for Federal implementation of Section 504.

During FY 80, in addition to their regular technical assistance activities, the RTAS will work closely with staff from the Principal Operating Components (POCs) of HEW in preparing for Section 504 briefings that the POCs will conduct. The RTAS Directors will be members of the Regional Civil Rights Coordinating Committees established to ensure uniformity in implementing initiatives embodied in the POC civil rights work plans. RTAS might also assist contractors conducting Section 504 related projects funded by OCR.

Survey and Research Activities Involving Section 504

Surveys

OCR routinely collects a considerable amount of data indicating possible compliance problems with Section 504. These data are used to target OCR compliance reviews and to support complaint investigations. This section describes the data collection efforts related to Section 504.

Elementary and Secondary School Survey OS/CR (101/102)

The 1978 survey (conducted in the fall of 1978), currently being analyzed and used to target institutions, requested data on enrollment of handicapped children and on students identified as requiring and participating in special education. The survey identified schools which provide accessible building entrances, accessible laboratories, restrooms and classrooms or teacher stations with desks or tables usable by people in wheelchairs. In addition, the form requests schools to identify the number of students who are confined to wheelchairs, who are deaf, blind, orthopedically and multi-handicapped. Schools must further provide data regarding the amount of time these children spend in special education.

1980 Children and Youth Referral Survey

This survey, mailed to respondents in December 1979, will query approximately 3,000 local public welfare and social service agencies who are providing referral and placement service to children and youth. Information is requested on two important 504-related issues:

(1) Referral and placement of handicapped children in more restrictive environments than required by their handicapping condition; and

(2) Referral and placement practices that limit or deny accessibility to foster homes and specialized residential centers on the basis of handicapping condition.

Descriptive statistics available will include the total number of special children referred to out-of-home care, the number within each type of facility and the number within each type of facility by handicapping condition.

1980 General Hospital Compliance Report

Development of a hospital survey was initiated during FY 1978. It is anticipated that the form will request the following information regarding possible discriminatory practices or policies that deny or exclude the participation of handicapped persons from access or admission to acute care general hospitals:

(1) Whether the hospital has prepared a self-evaluation required by Section 504.

(2) Whether the hospital has established a written procedure for effective communication with persons with impaired hearing.

(3) Data on the specific auxiliary aids provided to persons with impaired sensory, manual or speaking skills.

Vocational Education Civil Rights Survey

The vocational education survey collects data on 11,000 recipient schools and institutions offering one or more vocational programs. Those recipients include comprehensive high schools and area vocational education schools at the secondary level and technical institutions and junior and community colleges at the post-secondary level. The survey requests the following data regarding handicapped students:

(1) Total enrollment in the school;

(2) Enrollment in vocational education programs;

(3) Enrollment in long-term adult vocational programs;

(4) Enrollment in occupational preparation programs;

(5) Enrollment in separate vocational programs limited to handicapped persons (secondary schools);

(6) Breakdown of total handicapped by the eleven handicapping conditions described in Public Law 94-142 (secondary schools);

(7) Enrollment in apprentice training, cooperative vocational education and work study.

Special Purpose Facilities Civil Rights Survey

This survey collects data on residential and educational enrollment and staff in 2,000 institutions serving handicapped children. The survey requests data on handicapped staff, by full-time and part-time, in the following categories:

(1) Administrators;

(2) Certified or college graduate instructional staff;

(3) Instructional aides;

(4) Non-instructional residence staff.

The survey also requests the following data on handicapped children (defined as individuals to the age of 22):

(1) Racial/ethnic and sex enrollment of resident children by handicapping children (BEH categories);

(2) Racial/ethnic and sex enrollment in educational programs by handicapping condition;

(3) Out of State placement by race/ethnicity and sex;

(4) Alternative placement by race/ethnicity and sex;

(5) Participation in academic vocational and specialized training programs by race/ethnicity and sex.

Research

OCR initiated several major multi-jurisdictional research projects during FY 1979. The aspects of these studies pertaining to Section 504 are reviewed here:

Access to and Quality of Health Care for Minorities and Handicapped Persons Study

A prestigious panel of health experts, assembled by the Institute of Medicine of the National Academy of Sciences is in the process of examining factors which explain the differential access to and quality of health care faced by minorities and the handicapped. The study will examine characteristics in the delivery of health care which lead to different treatment and health outcomes for individuals with handicaps. The results will be used by OCR in developing future compliance and enforcement activities, policy initiatives and research activities.

Hospital Site Relocation Impact Study

This study, to be conducted in two phases, will examine the effects of inner-city hospital service reductions on minorities and the handicapped residing in the hospital's service area. Several cases of relocation or hospital closure will be examined to determine their impact on those in the disabled community served prior to the service reduction. A model to assess the civil rights implications for minorities and the handicapped will be constructed. If warranted, a second phase will be contracted. In Phase II, the model developed in Phase I will be tested and validated. Manuals for use by OCR investigators and State and local and health planners in assessing the potential civil rights violations due to hospital reductions will be developed.

Study of the Selection and Placement of Students in Program for the Mentally Retarded

The National Academy of Sciences has assembled a multidisciplinary panel of distinguished scientists to assess factors related to the documented phenomenon of disproportionate placement of males and minority students in programs for the mentally retarded. This panel will examine the formal placement process including referrals, evaluation and labeling procedures, as well as key variables that may affect the placement process, such as funding formulas, State and local policies, discipline problems and language barriers. The findings from this study will provide the Office for Civil Rights with information necessary to give technical assistance, conduct compliance reviews and formulate policy related to the placement of minority students in special education programs.

Section 504 Policy Development

Policy development activity during the prior year was concentrated on the development of case by case determinations of policy issues which were summarized and published in digest form for use of regional offices. Through this approach, guidance has been provided to the regions on a wide variety of issues in order to ensure consistent enforcement of the Department's 504 regulations.

The April - May 1979 issue of the Policy Digest included policy determinations on twenty-one (21) cases. These cases involved such issues as:

- Hospital policies of prohibiting visually impaired employees from being accompanied by guide dogs.

  In this case, OCR determined that a hospital may exclude guide dogs from areas of the hospital where they represent an actual health hazard.

- The firing of a school bus driver who uses a hearing aid.

  OCR decided that it was a violation to use employment criteria that excludes handicapped persons without regard to their individual abilities. OCR required the school district to demonstrate that the complainant's hearing, with the use of a hearing aid, was inadequate.

- A requirement that special education students take courses that are not required of nonhandicapped students.

  OCR determined that it was a violation to require all special education students to take vocational education courses each afternoon. Students must be permitted to choose electives which are consistent with their individual capabilities and educational objectives.

OCR has continued and, in some instances, completed its work on those issues identified in the Fiscal Year 1978 report. These issues include:

- Application of the Regulation to persons working in sheltered workshops. OCR is currently seeking to resolve this issue and staff have met with the Department of Labor to discuss it. A formal policy interpretation may not be needed;

- Provision of appropriate testing conditions to handicapped persons of standardized testing services. The office is following an interim policy which is applied on a case by case basis;

- Obesity as a limitation to a major life activity. The issue of obesity is being handled on a case by case basis;

- Relationship between the regulation and local fire codes with respect to residence of non-ambulatory persons above first floors. Preliminary research indicated that a major policy initiative was not warranted at this time;

- Obligation of State agencies operating programs receiving Federal financial assistance. This policy has been expanded to include State agencies' responsibilities under Title VI and is being redrafted accordingly.

In March 1979, OCR published guidelines, covering Section 504, outlining compliance requirements in institutions offering programs in vocational education. In addition, OCR and the Bureau of Occupational and Adult Education jointly issued procedures for preparation of documents detailing how each State will administer the guidelines. These reports are due by March 1980.

During Fiscal Year 1980, OCR plans to complete work on policies begun during the prior fiscal year, including:

- Extended school year;

- Suspension and expulsion of handicapped students;

- Transportation of handicapped students to programs outside of their own school district; and

- State agency responsibilities.

OCR also intends to develop and issue a policy on the segregation of retarded persons in institutions due to the absence of services in the community.

An important accomplishment during the past fiscal year has been the development of a closer working relationship with the Bureau of Education for the Handicapped (BEH). We have worked closely with their staff on the suspension/expulsion and extended school year policies. While we have not reached agreement on all of the questions involved, cooperation between the offices has facilitated progress on these and other issues.

Distribution of 504 Materials

During FY 1978 and 1979, Departmental activities under Section 504 have generated widespread public awareness of the rights of handicapped persons and the obligations of recipients to comply with the implementation regulations that were issued on April 28, 1977.

OCR's Office of Public Affairs responded to expanded interest in and need for information about the regulation through dissemination of printed materials. Over 250,000 copies of the regulations and accompanying statements, some 1,065,000 brochures and pamphlets and 160,000 technical assistance documents were distributed in 1978. In FY 1979, 2,052,400 copies were printed and distributed.

Distribution of OCR Documents for Visually Impaired People

OCR is now producing five major civil rights documents for visually impaired staff members. The documents are reproduced in large print, 15/16 inch tapes and in braille and include the following: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Policy Interpretations of August 14, 1978 and Vocational Education Guidelines.

SECTION 507
INTERAGENCY COORDINATING COUNCIL

The Interagency Coordinating Council was established under the Rehabilitation Act Amendments of 1978 (P.L. 95-602, Section 120(a); 29 U.S.C.A. 794c (1979 Supp.)). The Amendments added a new section 507 to Title V of the Rehabilitation Act:

> "To maximize effort, promote efficiency and eliminate conflict, competition, duplication and inconsistencies among the operations, functions and jurisdictions of the various departments, agencies and branches of the Federal government reponsible for the implementation and enforcement of (Title V of the Rehabilitation Act)."

The Council is required to report annually to the President and Congress on its activities, together with recommended legislative or administrative changes to further the purposes of Title V.

Section 507 provides that the membership of the Council shall be the Secretary of Health, Education and Welfare, the Secretary of Labor, the Attorney General, the Chairman of the Civil Service Commission and the Chairman of the Architectural and Transportation Barriers Compliance Board.

As a result of the President's Reorganization Plan No. 2 of 1978 (5 U.S.C.A. pp. 30-33 (1979 Supp.)) and the Civil Service Reform Act of 1978 (P.L. 95-454, 5 U.S.C.A. 1101 et seq. (1979 Supp.)), which abolished the Civil Service Commission, the Director of the new Office of Personnel Management has replaced the CSC Chairman on the Council. Also, the Department of Education Organization Act (P.L. 96-88, 93 Stat. 688 (1979)) expanded the Council membership to include both the Secretary of Education and the Secretary of Health and Human Services.

The Council held its organizational meeting in August 1979 and meets once a month to consider a variety of issues relating to Title V. Among the issues the Council has under consideration are the following:

1. Whether the Section 503 regulations published by the Department of Labor and the Section 504 regulations (as they pertain to employment) published by all the Federal grant agencies should be consistent in all respects. Inconsistency in the 503 and 504 regulations could pose a problem where an employer is both a Federal contractor (subject to 503) and a Federal grantee (subject to 504).

2. Issues connected with the overlap of enforcement responsibilities between the Architectural and Transportation Barriers Compliance Board under Section 502 and the Federal grant agencies under Section 504. Under Section 502, the Board enforces the Architectural Barriers Act, as amended, which requires that Federally occupied and funded buildings and facilities constructed after August 12, 1968 be accessible to and usable by the physically handicapped. The Section 504 regulations of the Federal grant agencies, on the other hand, require both the removal of architectural barriers in existing buildings that prevent or impide accessibility for handicapped persons to programs receiving financial assistance and the absence of barriers in new buildings.

3. Whether the Department of Health and Human Services or the Department of Education should coordinate the implementation of Section 504. Executive Order 11914 (41 FR 17871, April 28, 1976; 45 CFR pp. 425-26, Appendix A) provides HEW with authority to coordinate the Federal implementation of Section 504 as that section pertains to financial assistance programs. This HEW coordination role has been important to insure the development of a uniform set of Section 504 agency regulations along guidelines established by HEW.

E.O. 11914 does not, however, provide authority for the coordination of the programs and activities of the Executive Branch agencies unrelated to Federal assistance programs. The Rehabilitation Act Amendments of 1978 expand the coverage of Section 504 to prohibit discrimination "under any program or activity conducted by any Executive agency or by the United States Postal Service" and require the head of each agency to publish regulations (P.L. 95-602, Section 119, 29 U.S.C.A. 794 (1979 Supp.)). Accordingly, a related issue to the allocation of the existing 504 coordination authority is whether it should be expanded to include the 1978 amendment to Section 504.

4. The application of Executive Order 12067 (44 FR 55907, September 28, 1979) to the legal responsibilities of the Department of Labor under Section 503 and the Federal grant agencies under Section 504. E.O. 12067 charges the Equal Employment Opportunity Commission with responsibility to coordinate Federal law promoting equal employment opportunities, including opportunities for the handicapped. The question is how the Department of Labor and the Federal grant agencies should function under E.O. 12067 in carrying out their 503 and 504 responsibilities.

5. The Comptroller General's decision (August 21, 1979, File B-188710) that Federal law does not authorize Federal agencies to reimburse compensation for attendants of handicapped employees on official business.

6. Staffing needs of the Architectural and Transportation Barriers Compliance Board.

The Civil Rights Division has participated in the following cases involving issues under Section 504 of the Rehabilitation Act:

Armstrong v. *Kline*, C.A. Nos. 78-172, 78-132, 78-133 (E.D. Pa. 1979) *(amicus)*, appeal pending, Nos. 79-2158, 2189, 2190 (3rd Cir.) (amicus):

> Whether school aged, handicapped children may receive public special education on a 12-month basis instead of the usual ten-month school year. On June 21, 1979, Judge Newcomer's decision held that under Federal law the defendants must meet those "unique needs" of the child that would "allow the child within the limits of his or her handicap to become self-sufficient" and, therefore, summer programming must be provided in certain circumstances.

Barnes v. *Converse College*, 436 F.Supp. 635 (D.S.C. 1977), appeal dismissed, No. 78-1440 (4th Cir., September 24, 1979):

1. Whether a private right of action exists under Section 504;
2. Whether HEW administrative remedies must be exhausted prior to the filing of a suit to enforce Section 504.

Status: The district court found a private right of action, but dismissed plaintiffs' Section 504 claim for failure to exhaust administrative remedies; plaintiffs appealed. On December 8, 1978, the United States filed its brief as *amicus curiae* in the Fourth Circuit. The appeal was dismissed on September 24, 1979.

Camenisch v. *University of Texas*, No. A-78-CA-061 (W.D. Tex., May 17, 1979), appeal pending, No. 78-2191 (5th Circ.) *(amicus)*:

1. Whether a private right of action exists under Section 504;
2. Whether HEW administrative remedies must be exhausted as a precondition to filing suit under Section 504, or as a condition of preliminary relief under the statute.

Status: The defendants appealed from the judgement of the district court and the United States filed its brief as *amicus* with the Fifth Circuit on December 8, 1979. No judgement has yet been rendered.

Granet v. Los Angeles Community College District, C.A. No. 78-1823 ALS (KY) (C.D. Cal. 1979) (*amicus*):

1. Whether handicapped individuals must first exhaust Federal administrative remedies before filing suit;
2. Whether Section 504 protects handicapped individuals from employment discrimination.

The court held on January 3, 1979, that a private right of action existed under Section 504 of the Rehabilitation Act and that Section 504 prohibited employment discrimination.

Halderman and the United States v. *Pennhurst*, 451 F. Supp. 23 (E.D. Pa. 1977) (3rd Cir. 1978) *aff'd* in part and *rev'd* in part, No. 78-1490 (3rd Cir., Dec. 13, 1979) (plaintiff-intervenor):

> Whether institutionalized, mentally retarded individuals have the right to adequate treatment, including treatment in the least restrictive environment.

The Court of Appeals for the Third Circuit on December 13, 1979, held that the Developmentally Disabled Assistance Act gave a private right of action to mentally retarded persons who are not or may in the future be institutionalized at Pennhurst State School and Hospital.

Furthermore, the Court held that Pennsylvania law requires that to the extent Pennsylvania maintains facilities for mentally handicapped persons, those facilities must provide treatment of habilitation in the least restrictive environment. The Court did not decide the Section 504 claim.

Finally, the Court of Appeals held that the district court did not abuse its discretion by permitting the United States to intervene under Rule 24(b)(2), Federal Rules of Civil Procedure.

Larry P. v. *Riles*, 343 F. Supp. 1036 (N.D. Cal. 1972), aff'd on injunction issue, 502 F. 2d 963 (9th Cir. 1974), C-71-2270 RPF (N.D. Cal., October 16, 1979) (*amicus*):

> Whether Section 504 and the Education of the Handicapped Act prohibit the use of racially and culturally biased IQ tests for diagnosing and assigning students to classes for educable mentally retarded.

On October 16, 1979, Judge Robert F. Peckham issued a 131 page opinion finding that standardized intelligence tests used by the State of California to diagnose black children as mentally retarded are racially and culturally biased and their use results in the disproportionate placement of black children in classes for the educable mentally retarded.

Lora v. Board of Education of the City of New York, 456 F.Supp. 1211 (S.D. Pa. 1978) (informal participation), appeal pending, No. 79-7521 (2nd Cir.) (amicus):

On July 2, 1979, Judge Weinstein ordered that the NYC Board re-evaluate all emotionally handicapped students assigned to racially segregated special day schools and to develop nondiscriminatory standards and procedures for identification, evaluation and development of IEP's in special education programs. The defendants must also submit a plan for development of less restrictive educational placements, develop due process procedures to insure parents and students are involved in decisions and provide in-service training to all school staff.

Status: Defendants appealed and the United States filed its brief as amicus with the Second Circuit on January 11, 1980 (No. 79-7521).

NYSARC and Parisi v. Carey, 393 F. Supp. 715 (E.D.N.Y. 1975), 466 F. Supp. 479 (E.D.N.Y. 1978), aff'd, No. 79-7257 (2nd Cir., Dec. 10, 1979) (amicus):

On January 2, 1980, Judge Bartels ordered New York State to pay stipends to parents who took their retarded children out of the Staten Island Development Center (formerly "Willowbrook") to care for them at home. In issuing the order, Judge Bartels found that payment of the stipends to the families of the 5,000 person class is necessary to implement the consent decree and to enable residents of Willowbrook to be placed in their natural homes in the community in as many cases as possible.

The Court had previously held that the placement of former Willowbrook residents "suspected of carrying hepatitis-B" into segregated educational placements without an adequate showing that these children would endanger another public school student was violative, inter alia, of the Education of the Handicapped Act and Section 504.

The Court of Appeals, on December 10, 1979, affirmed the judgement of the district court, holding that such segregation violated Section 504.

Ruiz and the United States v. Estelle, C.A. No. 78-987 (S.D. Tex.) (plaintiff-intervenor):

> Whether, inter alia, an equal opportunity for rehabilitative services, including educational services must be provided to handicapped inmates.

Status: United States filed its post-trial brief on January 22, 1980.

Southeastern Community College v. Davis, 47 U.SL.W. 4689 (U.S. June 11, 1979) (amicus):

Whether the refusal of the college to admit to its nursing program an applicant with a hearing impairment whose participation would have required substantial program modification violated Section 504.

The Supreme Court, reversing the Fourth Circuit, found no violation of Section 504, holding that the statute does not impose an obligation to make substantial program modifications in order that handicapped persons may participate.

Trageser v. Libbie Rehabilitation Center, Inc., 590 F. 2nd 87 (4th Cir. 1978), Cert. denied, 47 U.S.L.W. 3814 (U.S. June 18, 1979) (amicus):

Whether Section 504 is inapplicable to complaints of employment discrimination based on handicap, unless a primary objective of the Federal financial assistance is to provide employment.

The Court of Appeals held that Section 504 could not be applied and the Supreme Court denied the petition for certiorari.

Whitaker v. Board of Higher Education, 461 F. Supp. 99 (E.D. N.Y. 1978) (amicus):

1. Whether handicapped individuals have a private right of action under Section 504;
2. Whether handicapped individuals must first exhaust Federal administrative remedies before filing suit;
3. Whether persons with a past history of alcoholism are "handicapped individuals" for the purpose of Section 504 as it relates to employment.

The Court, on October 17, 1978, held that handicapped individuals have a private right of action under Section 504 of the Rehabilitation Act and that Section 504 prohibited employment discrimination.

The Special Litigation Section is coordinating under Section 504 on the following cases with the United States Attorneys' offices:

Chaplin v. Con Edison, C.A. No. 79CIV-730MEL (S.D.N.Y. (amicus):

1. Whether Sections 503 and 504 of the Rehabilitation Act provide private rights of action;
2. Whether Section 504 of the Rehabilitation Act of 1973 covers employment discrimination where employment is not the primary purpose of the Federal grant.

Status: Petition of the United States to participate as amicus curiae on defendants' motion to dismiss is presently pending.

Jose P. v. Ambach, 79 C. 270 (E.D. N.Y.):

Following negotiations toward the elimination of waiting lists for referring handicapped children to special education in the New York public schools, the Court entered a consent decree, whereby the Board of Education of NYC agreed to eliminate the waiting lists by 1979 and have in place a comprehensive plan of special education.

Joyner v. Dumpson, C.A. No. 75-Civ. 35 (LFG) (S.D.N.Y. 1978) (amicus):

1. Whether handicapped individuals have a private right of action under Section 504;
2. Whether handicapped individuals must first exhaust Federal administrative remedies before filing suit.

Status: Petition of the United States to participate as amicus curiae on defendants' motion to dismiss is still pending.

Slappy v. NYC Police Department, 78 Civ. 6264 (LBS) (S.D.N.Y.):

Whether employment discrimination based on handicap is prohibited in the school crossing guard function of the N.Y. City Police Department under Section 122 of the 1976 Revenue Sharing Act Amendment.

Status: Petition of the United States to participate as amicus curiae on defendants' motion to dismiss is pending.

APPENDIX

APPENDIX

LOCATION OF THIRTY-SIX CLIENT ASSISTANCE PROJECTS

Montgomery, Alabama
Sacramento, California
Denver, Colorado
Wilmington, Delaware
Washington, D.C.
Tallahassee, Florida
Atlanta, Georgia
Springfield, Illinois
Des Moines, Iowa
Frankfort, Kentucky
Augusta, Maine
Baltimore, Maryland
Boston, Massachusetts
Detroit, Michigan
Lansing, Michigan
St. Paul, Minnesota
Jackson, Mississippi
Lincoln, Nebraska
Las Vegas, Nevada
Concord, New Hampshire
Trenton, New Jersey
Albuquerque, New Mexico
Syracuse, New York
Raleigh, North Carolina
Bismarck, North Dakota
Cleveland, Ohio
Salem, Oregon
Providence, Rhode Island
Memphis, Tennessee
Dallas, Texas
Salt Lake City, Utah
Richmond, Virginia
Seattle, Washington
Olympia, Washington
Charleston, West Virginia
Madison, Wisconsin

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